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BINIODIDE OF MERCURY AS AN ANTI-SEPTIC IN PUERPERAL SEPTICÆMIA.

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In the month of June, 1885, Dr. Eugene P. Bernardy read before the Obstetrical Society of Philadelphia a paper on the "Value of Biniodide of Mercury as an Antiseptic in Obstetrics," detailing his, at that period, somewhat limited experience with this agent. The reading of the paper brought about an interesting discussion, and one which was participated in by a number of the leaders in obstetrics and gynecology. This was followed by a second paper by the same author upon the same subject, presented to the Society at a meeting held on April 1, 1886, and published in the REPORTER of May 1, 1886. Dr. Bernardy's communications included the report of a number of cases illustrative of the germicidal properties of the biniodide of mercury. The evidence adduced certainly appeared to substantiate every claim made in its favor. Dr. Bernardy regards the biniodide as a better and safer antiseptic than the bichloride, and since there have been reports of disastrous results occasionally following the intra-uterine, or even vaginal, injections of solutions of corrosive sublimate, a consideration of the claims of a rival agent, and one appearing to be free from objectionable features, is one that may well occupy our closest attention. This matter

has not received more than a very small fraction of the attention to which it is entitled. None can dispute the anæsthetic properties of sulphuric ether; and none will deny the germicidal potency of the bichloride of mercury. Yet we are in need of a more convenient anæsthetic than ether, and a safer and less irritating antiseptic than the corrosive chloride. The latter, I think, we have already found, but it is unaccountably slow in obtaining recognition.

Since reading Dr. Bernardy's papers, I have availed myself of a number of opportunities of testing the correctness of his views upon the subject, with the effect of leading to a hearty endorsement of the same. I shall point to but one case in detail, alluding in the briefest manner to the case of a multipara, who did well until the eighth day after delivery, when the lochia ceased and the temperature suddenly shot up to 105°, and whose condition in no wise improved after injections of a one in 2000 solution of corrosive sublimate, but who was speedily placed on the way to recovery after the biniodide was resorted to. I shall simply mention the case of a primipara of the age of thirty-nine years and six months, whom I delivered without forceps, and whose perineum, quite contrary to my expectations, suffered no laceration, but who, upon the fourth day, experienced a chill, with high temperature, cessation of lochia and abdominal pain and tenderness, and in whom injections of a solution of biniodide brought about—and that right quickly—an opposite state of affairs, which led to her ultimate recovery. Space will not permit of a full report of these and other cases, which illustrate the

point I desire to make, but I shall ask attention to the details of a peculiarly obstinate case of puerperal septicæmia, the subject of which is not yet out of the bed, but who, I believe, has every prospect of recovery at an early date, a consummation which I shall be disposed to place, when it comes about, to the credit of the biniodide of mercury.

On October 24th of the present year I attended Mrs. T., aged 24, in her third confinement, having attended her myself upon the two previous occasions. The placenta and membranes came away intact, and as the patient was a woman of good constitution, I looked for none other than a good recovery. The after-pains were severe, and for their partial relief moderate doses of opium were used. Upon the second day I noted a rather frequent and somewhat irritable pulse, and soon a rise in temperature was detected. The lochia ceased, and abdominal pain and distension was added to the symptoms. Poultices and turpentine stupes were applied, quinine and morphia were freely administered, and the uterus washed out with biniodide solution. The temperature fell to nearly normal, and the other symptoms abated to such a degree that, as far as I can recollect, but one more injection was called for (and that to combat a sudden rise in temperature) until Sunday morning, October 30th, when I found a pulse of 140, and temperature of 105°, the patient complaining of having had a "weak spell." Immediately upon entering the room I was struck by the markedly icterode hue of the countenance. I feared embolism, and gave spirits of ammoniæ arom., with digitalis. Fearful of trusting to the biniodide, and knowing of the popularity of the bichloride, I washed out the uterus with a 1 to 2000 solution of the latter. This was at 11 o'clock A.M. On returning at 5.30 P.M., I found the pulse 120, the temperature still 105°. The uterus was then thoroughly irrigated with a solution of biniodide. Next morning (Oct. 31) pulse, 90; temperature, 100°. Evening, pulse, 110; temperature, 102°. Injection, biniodide.

Nov. 1. Morning, pulse, 92; temperature, 99°. Evening, pulse, 120; temperature, 103.5°. Injection, biniodide.

Nov. 2. Morning, pulse, 112; temperature, 103°. Used same injection. And upon returning in the evening found a pulse of 104; temperature, 101.5°.

Nov. 3. Morning, pulse, 76; temperature, 99°. Evening, pulse, 80; temperature, 99°.

Nov. 4. Morning, pulse, 84; temperature, 99°. Evening, pulse, 116; temperature, 104°. Another injection.

Nov. 5. Morning, pulse, 96; temperature, 100.2°. Evening, pulse, 84; temperature, 99°.

Nov. 6. Morning, pulse, 76; temperature, 99°. Made no evening visit.

Nov. 7. Morning, pulse, 88; temperature, 100°. Evening, pulse, 96; temperature, 101°.

Nov. 8. Morning, pulse, 108; temperature, 101.5°. Gave an injection. Evening, pulse, 104; temperature, 102.2°.

Nov. 9. Morning, pulse, 96; temp., 100.5°. 6 o'clock, P. M., pulse, 84; temp., 101.1°. Was recalled at 9.30, P. M., and found a pulse of 120; temp., 105.8°. Washed out the uterus thoroughly with solution of biniodide, using a quart and a half of the fluid.

Nov. 10. Morning, pulse, 100; temp., 102°. Gave another injection. Evening, pulse, 98; temp., 101°.

Nov. 11. Morning, pulse, 88; temp., 100.6°. At this point, my supply of tablets of biniodide having become exhausted, I washed out the uterus with a 1 in 3000 solution of bichloride, the operation causing pain and a feeling of faintness. Evening, pulse, 88; temp., 100.2°.

Nov. 12. Morning, pulse, 80; temp., 100.2°. Used another injection of bichloride. Made no evening visit.

Nov. 13. Morning, pulse, 90; temp., 99.8°.

Nov. 14. Morning, pulse, 90; temp., 100°.

Nov. 15. Morning, pulse, 80; temp., 99.2°.

This brings the case up to the date of writing, where I feel safe in dismissing all apprehensions with regard to the final issue.

It will be seen that the injections were, in nearly every instance, followed by a most decided lowering of the temperature, the most signal instance of failure being that ensuing upon the use of bichloride on Sunday, Oct. 30. Moreover, I found the latter to cause pain and faintness. The biniodide never gave rise to any such symptoms. The tablets used were those prepared by Parke Davis & Co. They contain one grain of mercuric iodide. For intra-uterine injections, the proper strength is one tablet to one and a half pints of water. A solution of this strength does not convey the metallic feeling and impression which is imparted to the hand when immersed in a 1-2000 solution of bichloride. The difference in the toxic effects of the bichloride and biniodide of mercury may be attributed to the probable greater affinity of the former for the living tissues, some of the chlorine compounds forming the natural constituents of the animal organism. The iodides, being foreign to the system, are not so readily absorbed, and their effects are more apt to be spent locally.

The case I report was unquestionably one of septicæmia. It began with a distinct chill. The lochia were very offensive in odor. The skin of the patient was jaundiced in hue. There was vomiting and a tympanitic condition of the bowels. The temperature record is wholly inconsistent with any other condition than one proceeding from successive absorptions of putrid matter. It is unique as regards its duration, and illustrates the safety of repeated washing out of the uterus with a proper mercurial solution. After the first week, this operation becomes increasingly difficult, and perhaps dangerous, of performance. The last injection was given on the nineteenth day after delivery. The manner of its employment was as follows: For the first seven or eight days, the os uteri being sufficiently patulous, I had no difficulty in inserting a plain piece of rubber tubing. Involution proceeding, the os became more firmly closed, necessitating the use of a more unyielding instrument. Over one of the smaller nozzles of an Alpha E continuous flow syringe I slipped a French soft rubber catheter. The latter I pierced with a piece of stiff wire, which was run past the eye-hole to the extremity. Some little resistance was encountered, more particularly at the os internum; but the tube was passed until felt free within the uterine cavity. The wire was then withdrawn and the injection administered by slow and steady pressure upon the bulb. The fluid was felt to return promptly, forcing its way between the tube and the margin of the os. This method I believe to be as convenient and effective as any that can be devised. Simple vaginal injections are at best but a partial attempt at carrying out the idea of striking at the root of the trouble. If it shall prove that the biniodide of mercury is so much safer than the bichloride, no one need fear to undertake thorough irrigation of the uterus in all cases which present symptoms of septic absorption.

There is at present no subject in midwifery which rivals in importance that of antiseptics. Nay, in all the domain of medicine and surgery, there is no theme which can so deservedly engross our attention as this one: shall we, or shall we not, treat the recently emptied womb and its approaches upon the general principles recognized in the modern treatment of traumatisms in general? If so, we are in need of a reliable antiseptic and germicide, one that can be used in solution of such strength as shall be effective, and yet harmless to the patient. The bichloride of mercury is poisonous to micro-organisms, but

its use is not entirely free from danger. The biniodide appears to be a reliable germicide. It is claimed to be as effective as the other in solutions of less than one-third the strength. Accumulating experience is leading me to place much reliance upon it. As before stated, in addition to the case reported above, I have had, upon a number of occasions, experience similar to that narrated in Dr. Bernardy's second paper; but I regarded the evidence, while admittedly striking, as inconclusive. The experience of the past three weeks has greatly strengthened my confidence in the antiseptic under discussion; and I feel moved to urge upon my professional brethren a thorough trial of that which I fully believe to be one of the most reliable antiseptics yet discovered.

ELECTRICITY AS A MEANS OF INFLECTING THE DEATH PENALTY THROUGH PROCESS OF LAW.

BY WILLIAM R. D. BLACKWOOD, M.D.,
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The Book of books tells us that "whoso sheddeth man's blood, by man shall his blood be shed." In pursuance of this edict murder has in all ages been punished by death in almost every portion of the habitable globe, and usually by means of unnecessarily painful and repulsive judicial procedure. Of the many methods employed, hanging by the neck, or strangulation, is at once the most brutal, the most cruel, and the most degrading in its influence upon the spectators of an execution, and there is no real proof that it is in any way a merciful means of destroying life so far as the unfortunate criminal is directly concerned. The object aimed at by most hangmen is to fracture or dislocate one of the vertebræ, at or near the axis or atlas—the highest point of the spinal column; and it is popularly believed that when this effect is attained by a suddenly arrested fall of the body—the arrest being made through the rapid take-up of the slack purposely left in the pendent rope, and ending in a sharp jar—then sensation is instantly destroyed, and death ensues either because of shock, or, as usually happens, from slow choking.

It was my painful duty, during our civil war, to act as medical inspector in fourteen executions by hanging, and at other times I have had more experience in the same capacity, these cases occurring under the ordinary judicial procedure of the courts. Every

care was taken in all instances thus coming under my notice to cause cervical displacement, and in the majority of them the desired effect was secured. I watched carefully in each the progress of life-extinction, and noted critically the pulse rate, the number and force of respirations, and the ordinary evidences of presumed suffering as indicated thus, and by struggling while life remained, and the injury sustained of non-fatal character, shown by post-mortem examination.

In not one of thirty cases was life instantly terminated, and in not one of them was I satisfied that death was painless or nearly so. Rather was it evident that suffering did exist, and in not a few the indications of such were patent to all onlookers, lay and professional alike. My opinion as to the existence or absence of agony is of course as above noted, a meagre quantity in the question; but that my observations are not imaginary is sustained by a number of reports and opinions given to me by high sheriffs, public executioners and physicians, who have had experience in such numbers as to render their testimony of considerable weight, popular belief to the contrary notwithstanding.

Moreover, I have interviewed, to the extent of half a dozen, persons who were accidentally or by attempted suicide nearly strangled, but who recovered, and all of such people testify that hanging is not an easy method of despatching one's self.

In my early professional days the unexpected assault from behind on myself of a maniac, who grasped me by the throat and nearly succeeded in strangling me before assistance arrived, gives me a vivid experience, and from it I would not choose "*sus. per coll.*," if I had to choose any method other than that which is the unknown medium of our transfer to the great hereafter.

I have thus far referred only to hanging as a cruel form of terminating human existence, and a very few words will cover the question as to whether or not a better method is now accessible, and one that is free from the horrible paraphernalia of the gibbet. In civilized lands two plans of hanging are employed—the one permitting the condemned to fall through a trap until the rope checks the descent, and the other jerks the culprit up by the neck from the ground consequent upon the fall of a heavy weight attached through pulleys to the further end of the cord forming the noose. The first method usually results in choking the person—the second in dislocating the neck, or, as occasionally has re-

sulted, in tearing the head from the body. Of course either termination is fatal—the end of justice is attained; but nevertheless the general consensus of opinion amongst Christian people is that in all its surroundings hanging by the neck is cruel, degrading, and barbarous.

The bowstring is merely a differently managed noose, only mentioned to be condemned. The guillotine, although rapid and merciful, would not now be accepted in America, at least, as a substitute for the present method, and none of the other plans advocated or practised by foreign powers would admit of discussion profitably.

If, then, a new means of complying with the law's penalty is desirable, and a decided belief obtains in the land that such is the case, what procedure will at once be available, sure, and humane in accomplishing the desired result? I claim that in electricity we have a solution of the problem. Nothing new about this, of course—the agent has been advocated before for the purpose; but the details of the employment have been cumbered with unnecessary machinery, sensational trappings, and the method of utilizing the current has not, so far as my observation extends, been as efficacious as it can be made.

Since electric lighting has come into common use numerous accidents have been reported in the daily papers, but very many more have occurred of which the public knows nothing. The fatal accidents are those which attract attention, and these are incurred principally by linemen who in altering or repairing circuits feeding arc-lamps receive a part or the whole of the current carried by the wire which they are manipulating. In these instances the charge is usually thrown across the chest and arms, and a part more or less forcible is transferred by the clothing, the quantity depending on the dampness of the attire, which ordinarily consists largely of heavy woollen underwear readily retaining perspiration or wetting from exposure. A number of instances are known to me in which a forty light current of sixteen hundred volts and eight amperes was apparently driven directly through the thorax, yet the man escaped with severe burns only, and in some cases the shock was not profound. Investigation proved the major part of the charge to have gone across by wet clothing, hence the escape from loss of life.

During the last twenty-five years I have been a close student of electricity in its application to therapeutics, and in its employment for the many purposes to which it is

now put in daily business. Many experiments have been made with varied ends in view, and amongst these I have tried to learn in what way electric force might best be utilized in terminating life, when such an end was desirable or justifiable. These experiments were made on living animals of many kinds, some of them smaller in size and weight than mankind, and others greatly larger and heavier than ourselves. The known varying tenacity of life, also, was noted as a factor in the series of investigations. Currents from galvanic, Faradic, and static electric apparatus were employed; and the Faradic mechanism comprised the ordinary coils actuated by galvanic cells, and those energized by permanent or electro-magnets. The arc-light dynamo was frequently used. In order to disarm any critics who may discover an inconsistency in my present position as an anti-vivisectionist, with the confession that I made these investigations, I state: first, In all instances the animal was killed instantly by the charge; second, In those cases where doubt existed as to whether or not the force would be powerful enough to destroy vitality, full anaesthesia was practised before electricity was used. No dissection, and no surgical procedure of any kind or degree was employed throughout the entire series; in short, no *vivisection* was perpetrated on a solitary animal. In nearly all instances autopsies were made; but all mutilation, surgically, was done post-mortem, not ante-mortem.

The results of this work, coupled with experience gained in medical practice, together with the lessons learned from accidental deaths by lightning-stroke and fatal contact with modern dynamo-electric currents, coming under my notice, has shown that to my mind the human body can receive with apparent impunity about three hundred volts, so far as possible escape from fatal results are concerned. Of course a current of this potential is dangerous to life, and undoubtedly severe injury will usually result from unguarded contact with it. Everything depends in case of accident upon what part of the body sustains the injury, and it is certain that a charge which, though fatal to life when sent through the cerebro-spinal axis, might be borne without death ensuing if confined to the inferior limbs; and possibly, also, in some persons, when sent across the spinal cord around the thorax and through the superior limbs. That this is so is proved by cases known to me of injury from arc-lighting machinery terminating in recovery in some, but with others in death, the charge

encountered being practically the same in the different individuals. My experiments proved to my satisfaction, also, that lower charges were needed to kill, provided they passed through the abdomen, than those affecting the thorax, owing to the destructive effect upon the sympathetic system of nerves. Upon this finding I base the method, which will later be proposed, of utilizing electricity as a means for destroying life.

Cadaveric section has shown, that in death from lightning, the blood is rendered unusually fluid; the muscles and nerves lying in the path of the current are more or less torn at points; important viscera are also generally ruptured.

When a current of high potential is diverted through the human body, the effect is that of breaking the circuit in the conductor for an instant of time. When breaking or reversal of an electric current occurs, the phenomena known as "the extra current" is developed at the switch, controlling the operation. A human body suddenly intervening itself, or participating itself largely in the continuity of a metallic electric conductor, even though it does not divert or convey the whole charge thereon carried, acts the part of a switch for the time being, and it is the extra current then developed at the contact point and received by the person that does the most harm, although the main current may of itself be sufficient to kill.

A current of six hundred volts or more, passed through the cerebro-spinal and sympathetic system in the manner now to be described, will, beyond doubt, destroy life instantly, and, so far as human knowledge goes, will do so without pain.

A collar, adjustable to the neck of the person, has upon its inner posterior aspect a metallic disk, which, when applied, presses upon the cervical spine. On each side laterally are similar disks, which, when in position, cover the pneumogastric and the descendens noni nerves, with the great blood-vessels of the neck close below the plexus gangliiformis. A belt encircling the abdomen just below the sternum holds a disk similar to those of the collar, but of double their size. This plate is placed over the solar plexus (just below the lower end of the breast bone or upon the pit of the stomach), and now the spinal and sympathetic systems intervene between the poles, one of which (the positive) is attached to the collar, and the other (the negative) to the abdominal band.

A simple modification of the ordinary reversing switch common to electric mechanism, permits the current to be sent through

the circuit described, a continuation of the lateral movement of the device reverses the direction of the flow, the duration being governed by the time taken in moving the switch from point to point.¹ A current of the intensity named (six hundred volts or more) thus manipulated immediately tetanizes the entire muscular system to such a pitch that disintegration occurs, not alone in the direct path of the moving charge, but at far distant points, because of the diffusion of the current which always obtains under high power. The nerve trunks, also, to their minute ramifications, are disrupted; and the brain, though somewhat beyond the points of entrance and exit of the current, is broken up into a pulpy mass. The blood is rendered unduly fluid.

To place the matter beyond doubt in reference to the physical action upon the human body, I have submitted the dead subject to experimental trials with the results above noted. That which takes place in the recently dead human body is precisely similar to that obtained in the living subjects of the lower animals, hence we are justified in stating that like results must be had when man is substituted for the brute. Under electric death decomposition ensues rapidly.

The great progress made in electric lighting recently has made the arc-lamp a necessity in almost every town throughout the land. Sure it is, that the time is near at hand when this illuminant will be a part of the fittings of all public buildings, and the jails will be peculiarly appropriate places for its employment. Even were the light not used, a loop is readily run in from the street circuits to a chosen cell or location within the prison, and the simple apparatus would always be ready for use, even by unskilled hands.

Much mental suffering might be saved the condemned by administering in the evening meal, previous to the day of execution, a strong narcotic, and the little preparation needed of the person could be made whilst in a state of torpor or unconsciousness, more or less profound, as required or desired.

The method proposed would not preclude the attendance of a jury or in any way conflict with such necessary ceremonies as now prevail; it would fulfill the intent of the

law, and it would abrogate a present procedure at once horrible to contemplate, and often uncertain, because of bungling officials; substituting therefor in the future an action free from spectacular display, and humane, so far as may be in the light of the growing humanity of the nineteenth century.

ALCOHOL AND ITS USES.

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The writings *pro* and *con*, in regard to the use of this remedy and its real value, would, if brought together, produce such an encyclopædia of alcoholic literature, that even a prohibitionist might tremble before beginning its analysis.

In this paper no attempt will be made to sum up the conclusions drawn by either party of extremists, but an endeavor will be made to show that alcohol is to be employed in moderation in many diseased conditions in which no other drug is of any corresponding value. Those who are especially interested in this matter will find in the *Boston Medical and Surgical Journal*, July 10 and 17, 1887, a masterly consideration of the whole subject, which points out some of the fallacies found in many of the arguments of those who inveigh against the use of alcohol in medicine. A review of the latest literature concerning the matter, brings irresistably to the unbiased mind the conclusion that alcohol must be considered a useful and constant storehouse of energy when the vital powers flag. Experimental research has, as every one knows, proved that alcohol decreases bodily temperature, and that animals and persons exposed to intense cold, when alcohol is given, succumb much more rapidly than those who do not take the drug.

That a loss of bodily heat is not due to the failure of its production, as much as to the increase in its dissipation, has also been proven. Increased heat dissipation takes place from the fact that, normally, exposure to cold contracts the tissues on the periphery of the body, and drives the warm blood to those organs whose vitality depends on a certain temperature, and to the central core of the trunk where the skin, muscles and connective tissues act as non-conductors; whereas, under the influence of alcohol the blood is driven by the cardiac stimulation to the finger tips, and brings a glow to the surface with a corresponding loss of heat from the interior.

¹ The action involved on moving the switch is first to close the circuit or turn on the current—break it—reverse its direction; and on again moving the switch back to its original position, the current is broken—reversed—broken, and turned off. Drawings of the apparatus have been prepared, but its simplicity obviates the necessity for introducing them.

parts. The man must manufacture, therefore, more heat, more oxidation of tissue must take place, and his vital force is consequently impaired. To say from this, that alcohol is a remedy of a dangerous character for all depressing diseases, is lacking in a true knowledge of its effects; for, unless the surrounding atmosphere is very cold, the slight increase in heat dissipation is more than counter-balanced by the force added to the system. Alcohol has been proved by many observers to support the system and to aid the patient over some ditch of death into which he might fall, save for the outstretched hand of the drug. No less a chemist than the famous Liebig classed it as one of the foods, not as one which added nutrition to the patient, but which added force.

A very large part of the profession believes that the mere presence of an abnormally high temperature counter-indicates the use of alcohol. Mere high temperature does not do so, however, and it seems probable that many deaths have resulted from putting into practice such belief.

High temperature of a sthenic type, with a full, tense, bounding pulse, and all the signs of a disease attacking one in the full vigor of life, of course precludes its use; but in the high temperature of advanced typhoid, with the marked asthenia often present in that stage, alcohol should be given constantly in large amount. Under these circumstances the tissues which the man can afford to lose are gone, and much of the vital portion of his system is greatly encroached upon; the alcohol yields force to the body, is then burnt up to a great degree, and keeps the flagging heart pumping the tides of blood through the lungs and systemic circulation, when otherwise the very cardiac depression would produce hypostatic congestions, if not more widespread consolidation.

A no less useful and valuable result obtained by the use of alcohol in the early stages of exhaustive fevers is the part that it plays in aiding digestion. I have already, in another paper, defined the difference between the influence of alcohol in the artificial digestion of the test-tube and that occurring in the stomach. No one doubts that alcohol, added to a small amount of gastric juice in the test-tube, retards or prevents its action; but evidence is abundant to prove that the ingestion of this drug into the stomach produces a very decided increase in the quantity of gastric juice excreted over and above that normally present, by its stimulating and irritant action. Aside from experimental evidence, everyday experience has taught the

gourmand that alcohol, in some form of a fairly concentrated degree, enables him to digest an amount of food which under ordinary circumstances would remain unchanged in his stomach.

Alcohol should, therefore, be used all through the ordinary exhausting fevers, for the purpose, in the first stage, of aiding digestion, and, in the later stages, of supporting the system.

The importance of aiding the flagging powers of the stomach is not generally recognized; but if one remembers the fact that, at one time during the course of a severe attack of typhoid, an occasion must come when a struggle between the few remaining grains of strength and the disease results on one hand in death, or in recovery, its importance becomes evident. By the ingestion and *digestion* of more food early in the attack, a larger amount of vital force remains for use at the crisis, and the chances of a recovery, to say the least, are increased.

In those cases with a temporary loss of heart power, due to hemorrhage or some sudden, severe depression, alcohol is, above all others, the remedy to be employed, hot and concentrated. The same conditions make it, with ammonia, a most useful remedy in snake-bite; where the fugacious action of the ammonia is followed by the more permanent stimulation of the alcohol.

That alcohol may be misused, and cause great harm, is of course known to every practitioner of medicine. So long as it reduces the temperature and lowers the rate of the pulse, causes a moistened skin and tongue, and quiets nervous twitchings, it does good; and only up to this point is it to be employed. If its administration is pushed after this, the tendency to adynamia becomes, under the over use of the drug, one of dynamia; the pulse, no longer soft, but full and strong, rushes along the vessels with angry, bounding beats; the nervous symptoms change from low, weak, muttering delirium, with subsultus tendinum, to wild, incoherent callings and strong tossings to and fro; and by and by, when the influence of the alcohol begins to cease, and even before this time, the system has put forth the strength of days in a few hours, and the man is dead.

To deny the use of alcohol, as has been done in the columns of this journal within the last few months, and to assert that it does more harm than good, only shows that persons holding such opinions have gained them from fallacious or illogical reasoning, or, not understanding the proper use of th

drug, they have obtained untoward effects, such as those mentioned.

The moral standpoint of the subject is, so far as therapeutics are concerned, a side issue. Called to a patient in typhoid, our duty is to treat his present condition, not his future one; and we are called to save his life, not to question as to effects of our treatment on his eventual moral tone.

Of course, if one can find a remedy of corresponding action, without the danger of inducing a "habit," well and good; but where does such a one exist?

SULPHURIC ACID POISONING.

BY DR. GEORGE DOCK,

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In the very interesting study of suicide, no chapter is more curious than that of fashion in the selection of the means of death. Thus, in Berlin, drowning and hanging are not looked on with favor, especially by those who form the largest number of aspirants for death—servant girls. The stringent laws regulating the sale of poisons, in the ordinary sense of the term, render the use of less unpleasant poisons very restricted, so that common sulphuric acid, the "oleum" of the Berlin housewife, which is used by her for cleaning windows, is often the most accessible, not seldom the only, lethal agent which the would-be suicide can find. The writer has seen several cases of "oleum" poisoning in Leyden's clinic, and there learned its mode of use. As said above, most of the suicides are servant girls, driven to desperation by the absence of menstruation. They can be divided into two classes, according to the time at which the draught is taken, and this again determines the result of the attempt. As put by Prof. Litten, "the girls vex themselves over their condition," and some, with less endurance or more decision, seek the "oleum" bottle at once on rising. Almost always perforation of œsophagus and stomach with speedy death is the result in such cases. Others worry along until after breakfast, but soon after taking that follow it up with the acid. In these cases, even when notable quantities have been taken, recovery can and often does ensue, the acid not coming undiluted in contact with the empty stomach walls.

In the *Charité Annalen*, xii, p. 183, 1887, Dr. Mendelssohn reports the cases of poisoning observed in Leyden's clinic during

the past year, and, as usual, there were a number of cases of sulphuric acid poisoning. Two of Mendelssohn's cases deserve special mention. The first was that of a servant girl, aged 23, who took a moderate quantity of oil of vitriol. After the first severe symptoms had passed by a condition similar to that in simple ulcers of the stomach came on, and at the same time the patient became affected with typhoid fever, to all appearances acquired in hospital. In the fifth week marked improvement of all the symptoms was noted. Vomiting ceased, strength increased, but in the sixth week vomiting began again, and positive symptoms showed that the pyloric passage must be narrowed to the utmost. Resection was performed, but was followed by death in twelve hours in collapse. The pyloric stricture was so severe that only the finest sound could be passed through it. Almost the whole mucous membrane was destroyed.

The second patient had similar symptoms in the beginning, but recovered, and was alive one year afterwards. During the first months no traces of hydrochloric acid could be demonstrated in the gastric juice, though this gradually was found present in its normal amount.

SOCIETY REPORTS.

BRITISH GYNECOLOGICAL SOCIETY.

First Meeting, October 12, 1887.

DR. G. GRANVILLE BANTOCK, President, in the chair.

DR. MANSELT MOULLIN showed a specimen of hæmato-salpinx which he had removed from a young married woman aged 25. She had had one child two years previously. In the recent state the tumor was about the size of an egg, constricted in the middle and filled with blood-clot. The chief symptom had been a constant aching pain in the lower part of the back and around the pelvis, from which the patient had been unable to obtain relief in any position, sitting or lying. The pain was also much increased on defecation. The attached ovary was apparently healthy, and the appendages on the opposite side seemingly so, and were allowed to remain. Numerous adhesions were broken down, but no drainage tube had been required. The patient had made a good convalescence, and was now free from pain.

DR. BEDFORD FENWICK said that menorrhagia was usually a symptom in all inflam-

matory diseases of the Fallopian tubes. It was of great importance to remove the cyst without rupturing it, a matter of some difficulty in the present instance, and he thought the operator was to be congratulated on the successful result of a very unpromising case.

MR. LAWSON TAIT was amazed at a recent paper by Mr. Barton, of Liverpool, in which he asserted that such cases as that belonging to the preparation exhibited by Dr. Manselt Moullin, ought under no circumstances, to be touched. Why should a woman with the symptoms just described be obliged to go on living the life of an invalid, with a perfectly useless organ inside her, an organ which could never by any possibility resume its original functions, any more than a woman with a cataract in her eye being prevented from having her sight restored by the removal of a useless lens?

DR. ROBERT BARNES presented a dermoid cyst of the ovary. He had removed it a month previously from a woman about 50 years of age. She had suffered intense pain in the pelvis for several years, disabling her from active life, and exhausting her strength. There was a tumor in Douglas's pouch the size of a small orange, movable and firm. The uterus was of normal size. Its position and differentiation from the tumor was determined by the sound. Before submitting to operation, the patient under other advice went through a course of massage, which of course did no good. She made a good recovery from the operation. Dr. Barnes had known at least one case in which a fatal issue had occurred from injudicious massage in abdominal disease.

MR. LAWSON TAIT said that small dermoid tumors of the ovary generally gave rise to the most intense pain, a fact for which some reasonable explanation was required. It was extremely difficult to diagnose between them and disease of the tube. Perfect accuracy of diagnosis in pelvic disease was not possible in the most skilled and experienced hands.

DR. HEYWOOD SMITH considered the pain to be due to pressure upon the contiguous nerves. A tumor that rose into the abdomen usually caused but little pain. The amount of pain had to be considered when giving an opinion as to the advisability of operating.

DR. J. ST. CLAIR BOYD described a case of pseudo-hydramnios, in which the superabundance of fluid did not as in ordinary cases of hydramnios take origin in the membranes, but had its source from an aperture in a hydrocephalic head. The patient, aged 42, had had six children, and thought herself pregnant again, but her enormous size

seemed inconsistent with that view. She was suffering from enormous abdominal distension, dyspnoea, and dropsical effusion of the lower extremities. On making a vaginal examination the os uteri was found dilated to the size of a silver dollar, and the bag of membranes protruding from it. On rupturing this thirty pints of fluid escaped. The child was subsequently delivered with the short forceps. The placenta was adherent and had to be removed. The uterus was then injected with a hot solution of hydrarg. perchlor., 1-2000. No hemorrhage occurred. On the third day all trace of dropsical effusion had disappeared from the patient's lower extremities. The child, which was born at the seventh month, had an immense hydrocephalic head. The fluid apparently exuded below the occipital eminence, at which part the skin had become wrinkled owing to the escape of the fluid.

DR. BEDFORD FENWICK said the interest of the case centered in the fact that a distinct fistulous opening existed, otherwise the child's head might have been punctured with and through the uterine membranes. Then the case would have been much simpler and exactly on a par with his own experience.

DR. AVELING had seen cicatrices on the surface of a hydrocephalocele which proved that these cysts ruptured in utero and discharged their contents.

DR. CORDES, of Geneva, gave notes of a case of monstrosity, under his care at La Misericorde Maternity. The cranial vaults were represented by a fibrous membrane. On the left side, through an opening as large as a crown piece, the cerebral substance protruded covered only by the arachnoid and the pia mater. Feet and hands were malformed, and many of the fingers and toes rudimentary. The monstrosity, which was attributed to maternal impressions, lived 6 days.

The following gentlemen were elected fellows of the British Gynecological Society at the meeting of October 12, 1887:

Dr. Harry Frederick Marley, Pedstow, Cornwall; Dr. Thos. J. Hitchens, Crawley, Lassat; Dr. J. St. Clair Boyd, Co. Down; Dr. G. H. Balleray, Paterson, N. J., U. S. A. The following were proposed for election: Dr. James Oliver, London; Dr. Wm. A. Bowen, Rangoon, Burmah; Dr. C. N. Dixon Jones, Brooklyn, N. Y.; Dr. Joseph Price, Philadelphia; Dr. Daniel Mowat, London; Dr. Thos. Kilner Clarke, Haddersfield; Dr. E. A. Spilsbury, Toronto; Dr. Thos. Owens, Ontario; Dr. Geo. Albert Hethrington, St. John, Canada; Dr. Geo. A. Rae, Devonport; Dr. T. Beadman, Duffield, Yorkshire.

OBSTETRICAL SOCIETY OF PHILADELPHIA.

Thursday, November 3, 1887.

The President, T. M. DRYSDALE, M.D., in the chair.

DR. ROBT. H. HAMILL reported a case of **Puerperal Malarial Fever, Simulating Sepsis.**

In the *Amer. Journ. Obst.*, April, 1880, Dr. Fordyce Barker called attention to a peculiar febrile derangement, known as puerperal malarial fever. It is of paramount importance to the obstetrician to know whether or not he has to deal with a disease which is the result of carelessness, or one of miasmatic origin. The following case seemed to be caused by a miasmatic influence. Only the most prominent points in the case will be given, which were as follows: The patient was delivered by version of a premature still-born child, labor being complicated by placenta prævia. Twelve hours after labor had ended the temperature rose to $101\frac{1}{2}^{\circ}$ F., but the patient was otherwise in good condition. The following day her temperature had fallen one degree. In the evening of the third day she had a severe chill, lasting fully twenty minutes, which was followed by fever and profuse sweating. From the nature of the labor, Dr. Hamill feared he had a case of sepsis to deal with; but after learning that during her pregnancy she had suffered considerably, at times, from an ill-defined feeling of lassitude, and "an aching of her whole body;" and further, that in the street on which she lived there were stagnant pools of water, he felt much relieved. In addition to this history, and much to his delight, the woman had another severe chill, followed by the fever and sweating stages. These chills continued to occur daily until the 9th day, decreasing in severity each day. At times there was slight delirium. There was no pelvic pain or tenderness, and little if any tympany; nor no odor to the lochia, which were normal in quantity. The vagina and appendages were perfectly healthy. The blood was not examined, because quinine had been given from the first. Very little change took place in her condition until the 17th day, when there was an abatement in all her symptoms, and convalescence was very rapid. The treatment consisted chiefly in the administration of large doses of quinine and stimulants. In one dose she received thirty grains, followed in two hours by thirty grains more. Quinine seemed to have no effect until used in the form of Warburg's tincture, notwithstanding it had been given

in one large, and in smaller, oft-repeated doses. After the patient began to convalesce, she did not have an unfavorable symptom, and is now fully recovered.

DR. J. L. LUDLOW said he had succeeded in having an exact preparation of Warburg's tincture made by a druggist of this city, and it had yielded him results far better than he could obtain with quinine or any other combination of it. He had used it at Edestone with great success.

DR. DRYSDALE had had wonderful effects from Warburg's tincture.

DR. B. C. HIRST, in speaking of

Catheterization of the Ureters,

reported a case of a patient in the Maternity Hospital, who was a young primagravida, and had pus and albumin in her urine, which condition had persisted after delivery. The case was treated as one of cystitis by vesical injections, but without much benefit. Some three weeks after the delivery the quantity of urine excreted in twenty-four hours became decidedly lessened, while the amount of pus became both actually and relatively much decreased. At the same time the temperature rose to 104° , and there was considerable pain over the region of the right kidney. An answer to the following questions was desirable: First. Was the *right kidney* chiefly affected, or was the pain on the right side referable to a morbid condition of the left kidney, a possibility to which attention has been called especially by Knowsley Thornton. Second. Were both kidneys diseased or was one healthy? Third. Did the pus really come from the kidneys or was it confined to the bladder? Dr. Hirst was able to solve these problems by the use of the ureteral catheters, which Dr. Kelly was kind enough to lend him. The ureters were made out without difficulty by abdominal palpation, and the catheters, first the metal and then the flexible, were introduced with ease. The specimens of urine collected in separate test-tubes from each kidney showed on inspection a much greater turbidity in that from the right than in that from the left kidney. A microscopic examination revealed pus in both specimens, but in that from the right side in much larger amounts than in the specimen from the left kidney. In the urine from the left side a well-defined granular cast was found. Therefore,

First. The pus came from the kidney.

Second. Both kidneys are diseased; but the right is most markedly affected.

Third. That there is not only pyelitis, but pyelo-nephritis, in the left kidney.

Arriving thus at a precision in diagnosis that would be impossible without the aid of the ureteral catheters.

DR. HAMILL had, since the last meeting, palpated the ureters without difficulty, and had passed the catheter into them. The ureters were about the size of the little finger.

DR. KELLY has, since the last meeting, operated successfully for the relief of a ureteritis in an unmarried young woman. The pelvic organs were healthy. The inflammation was confined to the orifices of the ureters. He experienced no difficulty in passing the catheters.

DR. PHILIP M. SCHIEDT read a paper on the

Delivery of the After-Coming Head.

"Time is the great factor in these cases. It is generally conceded that, if the head is not delivered in from five to eight minutes after the delivery of the body, the child will be stillborn." Dr. Schiedt took up the history of the literature of the subject from the time of Celsus and the method of "expression" by suprapubic pressure down through the various manual methods. He deprecated the neglect of this subject by American and English authors, and entered very fully into a criticism of the methods advocated by German and French writers. His own deduction, from an analysis and comparison of these authorities, who widely differ in their teachings, and from his own experience, is that the forceps constitute "the best, quickest and safest treatment." The paper will be published entire in the *American Journal of Obstetrics*.

DR. WM. GOODELL had been struck by what seemed to him a great although common mistake: trying to secure flexion of the head in breech deliveries. In a flattened pelvis, it is better for the head to descend in a transverse position, so as to enable its shortest diameter, the bi-temporal, to correspond to the short diameter of the pelvis, the antero-posterior. In a justo-minor pelvis, the operator would be justified in trying to secure flexion. The fingers in the foetal mouth are useless for good; but there is danger of breaking the jaw. The forceps are the only proper aid in the expulsion of the after-coming head. One objection often made to their use is the loss of time involved in their application; but this does not hold. The accoucheur should be acquainted with the form of the patient's pelvis. The body of the child should be held away, so that the forceps can be applied to the sides of the head, the handles being on the anterior

aspect of the child's body. Another point to bear in mind in a flattened pelvis is the problem of bringing the head safely around the promontory of the sacrum. The hand should grasp the neck of the child, the thumb being on one side and the fingers on the other, and traction should be made so as to ease the head around the promontory before securing rotation of the face into the hollow of the sacrum. After this, it would be easy to make the chin engage or to apply the forceps.

DR. CLEEMAN has never met with any difficulty in delivering the face in head-last labors.

DR. M. PRICE makes it a rule to have his forceps ready in breech deliveries. He has the body held out of the way, and has had no trouble in putting on the forceps. He has had but one death in a breech presentation. On that occasion he had not his forceps with him.

DR. W. S. STEWART prefers breech to head presentations. He has not had trouble in applying the forceps.

DR. LONGAKER laid great stress upon the necessity of avoiding mismanagement in the early stages of a breech delivery; there should be no immediate haste. If the legs are seized and drawn upon, the body is quickly delivered without securing dilatation of the os uteri, and the arms become extended beside the head in the grasp of the lower segment of the uterus. Forcible extraction at this stage is a frequent cause of extensive laceration, and has caused death of the mother. He agrees with Dr. Goodell as to the treatment of these cases in flattened pelvis.

The late Dr. A. W. Smith laid great stress on the propriety of using the forceps to assist in the delivery of the after-coming head. In applying the forceps, flex the body of the child toward the dorsum, and the handles of the forceps should be in its anterior aspect. Pressure over the head of the child, while the body is swept toward the belly of the mother, is not a good or safe method; the amount of traction required to extract the head is too great for the neck to bear. The forceps should be in readiness to apply as soon as the body has escaped from the vulva.

DR. ELWOOD WILSON thought it a common mistake to hurry the delivery of the body of the child. When dilatation of the os is complete the child will descend with the arms folded on the body. He is as strong an advocate of the application of the forceps to the after-coming head as any man can possibly be.

DR. J. C. MORRIS could understand the

defense for making traction on the lower jaw by putting one finger in the child's mouth. When the buttocks are emerging, very slight traction will cause extension of the head, but if a hand is passed along the anterior aspect of the child's body and one finger introduced into its mouth, the extension of the head might be prevented. He did not think this defense a good one, as traction on the lower jaw could not be effective. He would quite as soon have a breech as a vertex presentation. The forceps should always be at hand, and there is no difficulty in putting them on. There is need of quick action. Traction on the neck of the child may be productive of great injury. He has known it to result in death, and in loss of power in the lower extremities.

DR. LONGAKER exhibited the ether-inhaler and can combined devised by Dr. Young, of Bridgeport, Conn. He had found it very useful in using chloroform in labor.

DR. BALDY took exception to Dr. Longaker's statements, that fresh air passed through the instrument at every inhalation, and that the patient received a saturated ether vapor, as he considered them conflicting. He preferred the folded, cone-shaped towel.

Exploratory Incision.

DR. MONTGOMERY reported the following case, seen with Dr. E. R. Stone:

Mary G., aged 28 years, married, but not living with her husband. She had noticed for some two months a swelling of the abdomen; this became so marked that Dr. Stone had twice during this time emptied the abdomen by means of a trocar. The fluid was plainly ascitic. When Dr. Montgomery was called the abdomen was again quite well distended; the resonance was that of ascites. Vaginal examination disclosed a mass, quite resistant, situated upon either side of the uterus. The rapidly recurring ascites, with the solid mass in the pelvis, aroused the suspicion of a malignant condition. An exploratory incision was advised, and was made at the Medico-Chirurgical Hospital, October 1st, 1887, Drs. Drysdale, Warder and Stewart assisting. Upon opening the abdomen, two gallons of ascitic fluid were removed and the tumor presented itself. It was covered with papillary growths, which extended also over the posterior surface of the uterus, into Douglas's pouch and over the whole of the left side, so that removal was out of the question. The abdomen was thoroughly sponged out, and the wound closed and bandaged. The following day, frequently repeated doses of salines were

given to produce watery evacuation and drain the peritoneum. She was allowed but little liquid. There was slight elevation of temperature, reaching 100° on the second day. The wound had healed completely at the end of the week. She left the hospital in two weeks, much improved in appearance, and without any appearance of return of the ascites. Since her return home there has been a reaccumulation. Microscopical examination showed the growth to be an ovarian papilloma.

DR. MONTGOMERY exhibited an

Intra-Uterine Fibroid

as large as an orange. It had been removed from a single lady, aged 45 years. She had been suffering from hemorrhage for over three years, but had never been subjected to an examination. A fibroid tumor was found projecting into the uterine cavity from the posterior wall. She was admitted to his private hospital on June 22, and after dilating the canal by a large laminaria tent, on the following day the uterus was secured by a ligature through the anterior lip. The tumor was enucleated as far as the finger would reach, and, finding that the mass was quite large, the cervix was split to the lateral fornix of the vagina on each side, and the enucleation completed by the serrated curette. A drainage tube was inserted, and the cervix closed by three sutures upon each side. The tube was removed on the third day. There was no rise of temperature until the seventh day, when it rose to 103° F., and some cellulitis was found upon the left side. This soon subsided under treatment, but the patient regained her health very slowly. She is now well.

DR. MONTGOMERY also presented a specimen of

Hemato-Salpinx,

removed from a woman twenty-six years old, who had been married twice, and had two children by her first husband. The wound was healed when the dressing was changed at the end of one week. The sac, when opened, contained a firm clot of blood, and from its appearance and history he believed that an extra-uterine or tubal pregnancy had ruptured, causing the hematocele.

—Dr. Unna says that he has seen good results in five cases of leprosy from the external use of the following ointment:

R Chrysarobin,	
Ichthyol.....	āā parts 5
Salicylic acid.....	" 2
Vaseline.....	" 100

THE CLINICAL SOCIETY OF MARYLAND.

Stated Meeting, held October 21, 1887.

The 197th meeting of the Clinical Society was called to order by the President, DR. N. G. KEIRLE, in the chair.

DR. J. W. CHAMBERS then showed a specimen of

Cystic Sarcoma of the Inferior Maxilla,

and the patient from whom it was taken. The patient was colored, a male, forty-two years old, a laborer, and of good family history. He entered the City Hospital on September 12, with an enlargement on the right lower jaw, which extended from the last incisor tooth to the right condyle, and involved nearly all that side of the face. It extended inwards and displaced the tongue so as to decidedly interfere with mastication. The growth was cystic in character. It began sixteen years ago after the removal of a tooth, and at first grew slowly; two years ago, it began to grow more rapidly. There was no involvement of the skin, nor of the neighboring glands. On September 16, an incision was made, and the tumor dissected out for the most part with Paquelin's cautery. There was not much hemorrhage. The inferior maxilla was then sawed off and disarticulated. The wound was dressed with bichloride and iodoform. On the sixth day the stitches were removed. There was no shock, and the temperature never rose above 99°. His speech is now much better. Since the operation the patient has developed some mental derangement, but the results show what can sometimes be accomplished even when the conditions presented are apparently hopeless.

In the discussion which followed, DR. O. J. COSKERY thought that Dr. Chambers should be congratulated on the good results obtained in this case. He then showed a specimen and related the history of a case of keloid of unusual size. The patient was a colored man, twenty-five years old. The tumor extended from the lobe of the ear to the clavicle. In 1884, while being shaved, a bump was cut and a sore resulted from it. He applied nitric acid to it which cooled it, he said, but afterwards the pimple grew rapidly. On October 18, 1887, Dr. Coskery removed the growth. An incision about six inches long was made from the lobe of the ear to the clavicle. When the tumor was removed, it left a gap two inches wide. The edges were then brought together. There still remains a gap about five inches long and one-half inch

wide. The patient never had a temperature above 99°. Bichloride dressing was used. He exhibited the tumor on account of its size, as it was the largest keloid he had ever seen.

DR. WM. RICKERT related a case of

Osteoma of the Inferior Maxilla,

and exhibited both the patient and specimen. The patient was colored, male, and about twenty-one years of age. He had been troubled with his jaw for about four years, and had been under treatment for one year. He came under Dr. Rickert's care about three months ago, and finally became so much affected that he could hardly get the tip end of a lead pencil between his teeth. He was then operated on, and a partial excision of the inferior maxilla on the right side performed.

DR. L. McLANE TIFFANY showed several photographs of

Keloid Growths.

He spoke of the largest one, and said that it weighed forty-two ounces. He thinks all of them are larger than the one shown by Dr. Coskery. He did not recognize the difference between true and false keloid as referred to by Dr. Atkinson. They are more common in the colored race, and especially in the young colored race. He had seen them softer in the older colored people. When seen in the young person, non-interference until later in life, then an operation, will meet with good results. After a patient passes beyond thirty years of age they are not apt to recur. There may be a hypertrophic scar, but no lump. Two of the cases he spoke of gave no history of injury.

DR. HIRAM WOODS has seen several cases of keloid at the Presbyterian Eye and Ear Hospital, only one of which occurred in the white, the rest in negroes. The oldest patient was forty-two years of age, and had dumb-bell lumps on her ears, which had become somewhat soft. Ear authorities say that when we operate we must try and get the wound to heal by first intention. He once operated and did not bring the edges close together, and the growth recurred. The more closely we can get a wound to heal by first intention, the better will be the results.

DR. R. WINSLOW said that as these tumors sometimes develop from a puncture with a point of a pin, he did not see why they would not sometimes recur even if the edges are brought close together.

DR. RICKERT thinks that the softening is more common in the white race, and that

when they are removed they will not return so commonly as in the negro.

DR. I. E. ATKINSON said that his experience was based entirely upon observations in the colored race. He said that Dr. A. B. Arnold once reported a case where a keloid disappeared under the use of collodion. The keloid he had removed in the white patient did recur.

DR. HIRAM WOODS said that he knew that the keloids did develop from the puncture of a pin point, and he simply wanted to say that if, after operating, we can reduce granulation to the minimum, there will be a better chance to get over the disease.

DR. McLANE TIFFANY said that keloid was one of the rarest of jaw tumors. There are only a few reported. Evidently they are cysts lined with epithelium, very much like an ovarian cyst, but it is not settled yet as to what they are.

DR. J. T. BRANHAM said that he had seen a keloid in an old colored man. It was flat, situated on the breast and ulcerated, which he says is rather common. There is no scar tissue when wounds heal by first intention. The case of Dr. Rickert had changed somewhat since he was under Dr. Winslow's charge. The tumor is most probably the result of an inflammatory process and probably not malignant. The removal of this, he thought, was the best thing to do in order to allow the patient to eat and talk comfortably.

DR. RICKERT said that his only object was to give this comfort, and he believed the operation has done vast good to the patient.

DR. CHAMBERS said that he had spoken very little about the finer probabilities in his case. He classed it as a cystic sarcoma. There was no enlargement of the glands, and the growth was slow. The tumor, when removed, weighed about four or five pounds.

DR. KEIRLE said that these growths are very similar to an ovarian cyst. The larger cyst contained chocolate-colored fluid, and the smaller one another colored fluid. They are lined with epithelium like an ovarian tumor.

—RECOVERY AFTER DISLOCATION OF THE SPINE.—The *Chicago Tribune*, Nov. 22, 1887, says: It is reported from Duluth, Minn., that Dr. Slaughter, a well-known physician of that city, has treated successfully a man 55 years old who fell from a scaffold and dislocated his neck. The spinal cord was not compressed by the dislocation. Dr. Slaughter at first prescribed absolute rest. Thursday he applied an apparatus and reduced the dislocation. There is now every prospect that the man will get well.

HOSPITAL NOTES

BELLEVUE HOSPITAL, NEW YORK.

(Service of Prof. F. S. Dennis.)

For the following reports we are indebted to Dr. Thomas McCann, House-Surgeon.

Gunshot Wound of Cranium.

J. C., 18 years old, a driver, was admitted to the hospital at 11.30 P.M., August 29, 1887. While standing in the street, an hour before, he saw a window raised on the opposite side of the street, an arm thrown up and a blaze; after which he fell to the ground. He says that he was not unconscious at any time, and came to the hospital because he felt "the blood running down." The patient was sent to ward 7 as a dressing case and from there was transferred to ward 13, as a case of fracture of the skull. On admission he was examined as to symptoms, and the following noted: Patient conscious; pupils normal; pulse good. As his condition was excellent, it was not deemed necessary to remove the bandages, as it was supposed to be a case of simple scalp wound. On August 30, 9 A.M., the bandages being cut, the following condition of things was noticed: The scalp, for an area of $2\frac{1}{2}$ inches in diameter, showed a small wound at about $1\frac{1}{2}$ inch posterior to the upper margin of the right ear, and another small opening, the size of a 22-calibre bullet, about $3\frac{1}{2}$ inches further up, and at an angle of about 50° . Passing a probe-pointed bistoury into the upper opening a clear track to the lower one was found, which upon being slit open exposed a depressed fracture of about $\frac{5}{8}$ inch square; the patient was also beginning to complain of a sensation of dizziness. Immediate trephining was advised. The patient having been anesthetized, an incision transverse to the line of the bullet was made, and a Galt's trephine applied. After the extraction of the button of bone, it was found necessary to extract the depressed bone. This being done, the inner table was found to be splintered for an area of about 2 inches all around. The spiculæ and loose pieces being removed, an opening, about $1\frac{3}{4}$ inches long by $\frac{5}{8}$ to $\frac{3}{4}$ inch wide, was left. The dura mater was punctured in the centre of the space and a slight tear was found, probably $\frac{1}{8}$ to $\frac{3}{16}$ inch long, in its lower part, exposing a clot beneath it. A small piece of lead was taken from the lower angle of the bone. Three drainage tubes were then introduced, the scalp wound sutured with catgut, and antiseptic dressings applied.

September 3. The patient has been in excellent condition since the operation. The wound was re-dressed and the tubes taken out. September 10. Patient feeling better to-day than for many days. September 15. No rise of temperature; no symptoms. October 8. Discharged cured.

Arthritis of Knee.

J. B., 14 years old, was admitted May 3, 1887. Family history good; the boy, fairly well nourished. He states that when 2½ years old he injured his right knee, and was unable to use it up to his tenth year. He has had two operations done upon it—the nature of which is unknown—and also an application of plaster of Paris; the limb being eventually restored to the normal condition. Three months ago he again injured the same knee in falling down a flight of stone steps, and on attempting to rise found the knee stiff, flexed and immovable; which condition has continued ever since. Upon examination the limb was found flexed at an angle of 60°, and immovable. The knee was not tender on pressure, nor was it swollen; the patella was not movable, and two small scars were found at the side of the knee. The patient having been anæsthetized, Dr. Dennis made an incision extending directly across and into the joint. The patella was found firmly united to the lower end of the femur, a distinct abscess was detected in the right condyle of the femur, with a corresponding erosion of the cartilage in the head of the tibia, and the joint was completely disorganized. A thin slice was removed from the head of the tibia; the articular ends of each condyle were sawn off; a single silver wire suture was passed through the head of the tibia and lower end of the femur, to the left of median line; drainage tubes were introduced, and the wound was closed by a continuous suture. Anterior and posterior splints were applied with a suitable dressing, and the limb was placed in a wire gauze frame.

May 19. A plaster spica was applied; temperature continued 101½°. May 20. Temperature, 103½°; pulse, 130. Wound re-dressed, looks well, and drainage perfect. May 21. Temperature, 103½°; pulse irregular. Plaster dressing removed, and wound dressed. May 22. Temperature still above normal. A full dose of castor-oil given. May 28, temperature running along a little above normal. The wound was now dressed every two days, and kept in a wire gauze splint. June 1, wound still looking nicely. June 4, drainage removed, plaster dressing applied,

and patient allowed to get up. June 20, plaster dressing removed, and wound dressed. Only a small line of granulation left. July 20, plaster dressing removed; still some granulations; can pass a probe down between ends of bone.

July 21, patient complained of pain, and upon examination a cellulitis of the anterior surface of the lower third of thigh was found. Lead and opium wash was applied, and a plaster dressing over all. July 22, discharged to return for dressings.

Rupture of the Bladder.

M. C., 29 years old, single, a driver, was admitted April 12, 1887. Thirty-six hours before admission he was knocked down by a cart loaded with coal, which struck him on the right side, one inch below the crest of the ilium. The patient refused to be brought to the hospital until the following day at 5 P. M., when he was admitted with the diagnosis of ruptured bladder. His condition was fair, with little pain; temp., 98½°. He had passed his urine one hour and a half before the accident. A catheter being passed, two ounces of light colored urine were withdrawn. Two previous attempts had effected the same result. With the above exceptions, no water had been passed since the time of the accident. At 9 P. M. the catheter was again passed, and two ounces of urine were withdrawn. A warm solution of Thiersch's fluid was then injected, and it was all returned, with fifty-seven ounces of fluid in addition, bloody and highly colored.

The conclusion arrived at was that there was no rupture, but "probably a laceration of the right kidney, with a bladder atonic from distention." The reasons for this conclusion were: first, the fact that the patient had passed his urine one and a half hours before the injury; second, the wheel not having passed entirely over the abdomen, but merely pushed the patient forward on the ground; third, the absence of any sign of shock, peritonitis, etc.; fourth, fluids injected returning almost in toto; and fifth, slight tenderness over the region of the bladder was present, it is true, yet there was an entire absence of any grave symptoms warranting the diagnosis of a ruptured bladder. Laparotomy being deemed inadvisable, sedatives were ordered, and use of the catheter every three hours.

April 13. Bladder again washed out with six ounces of Thiersch's solution, and twenty-five ounces of fluid were withdrawn, thus strengthening the theory of atony of the

bladder. The patient was now comfortable, and had no pain nor fever.

April 14. Passed thirty-four ounces of urine. Toxic symptoms, probably uræmic, now appeared.

April 15. Toxic symptoms partially disappeared. Patient passed sixteen ounces of urine, and then began to vomit. Castor oil was ordered on the 14th, the patient having had no passage since the accident; but it failed to cause an evacuation, and an enema was ordered. This was followed by slight movements.

April 16. The same condition as on the 15th. Patient vomits, and is not able to as-

similate food. Bowels confined; slight pains still present; no rise in temperature; passed fourteen ounces of urine. Hiccough now set in.

April 17. Patient sat up, reading a paper, and expressed a desire to go home. At noon he suddenly became comatose, and died fifteen minutes after the first indication of danger. The autopsy revealed a rupture in the posterior wall of the bladder two inches in length; the intestines, being matted together by a thick coating of fibrin, forming in a certain degree a sac for the retention of the urine. There were distinct evidences of septic peritonitis.

EDITORIAL DEPARTMENT.

PERISCOPE.

The Frequency of Sterility in the Male.

The following *résumé* of F. A. Kehrer's investigations is given by A. Martin, in the *Centralblatt f. d. med. Wissensch.*, September 10, 1887:

The cause of childlessness in many marriages is to be sought much oftener on the side of the man than has heretofore been the custom. This statement is based upon an investigation of the semen. Kehrer has up to the present time instituted this investigation in ninety-six cases. In 3.12 per cent. there existed inability to copulate; in such cases there had always been preceding masturbation. The men suffered from frequent pollutions, or the ejaculations were premature, so that the penis was not inserted into the vagina. In these cases impregnation may result, if before the attempt at coitus a speculum be introduced into the vagina. In several cases conception was obtained by this manoeuvre. In 31.21 per cent. azoospermia existed. In most of these cases gonorrhœa with unilateral or bilateral orchitis had preceded. The author lays particular stress upon occlusion of the ejaculatory duct through gonorrhœal prostatitis. But azoospermia was also found where no disease of the sexual organs had occurred, and where nothing abnormal in the genital organs could be demonstrated. Oligospermia was demonstrated in 11.45 per cent. Several times masturbation was confessed, or else gonorrhœa with orchitis, or syphilis, had preceded.

But, in addition, the author thinks that the disease of the female sexual apparatus,

which may condition sterility, are considered too numerous. Principally, catarrhs under certain circumstances lead to sterility, and Kehrer also thinks that bacteria may exert a destructive influence upon the ovules. It is a question whether these bacteria produce inflammation of the mucous membrane, or only find in the latter suitable conditions for further development.

The Connection Between Injuries of the Head and Inflammation of the Lungs.

Roche has recently treated this subject critically and analytically, and has been led to adopt the following classification of the lung affections mentioned:

1. Those accidentally present with the head injury.
2. Those which occur solely in consequence of the cranial injury.

To the first group belong the so-called fibrinous contusion pneumonia, the hypostatic pneumonia, which sometimes follows other injuries in consequence of imperfect distension of the lung, and metastatic pneumonia, caused by emboli from infected wounds of the head.

To the second group belong deglutition pneumonia and that caused by the inspiration of foreign bodies, which occur especially in consequence of simultaneous paralysis of the cortex and the vagus centre, or by the first simply through unconsciousness.

Roche states his conclusions axiomatically as follows:

1. Proof of the casual connection of injury to the head and fibrinous pneumonia cannot be produced.
2. Hypostatic pneumonia, complicating cranial injury, presupposes great prostration

of the person injured. This can have occurred before the injury (old age) or be caused by it.

3. Metastatic pneumonias following injuries of the head always indicate an infection of the wound. They therefore stand in direct connection with the lesions.

4. Deglutition, foreign body, or vagus pneumonias, which develop after cranial lesions, stand in the most direct connection with the latter. They indicate relatively intense application of force, and are to be looked on as the consequences of paralyzing effects on certain cerebral regions.—*Vjhrschr. f. gerichtl. Med.*, N. F. xlvii, 1, p. 12, 1887.

Myotomy in Pregnancy.

In the *Münchener med. Wochenschrift*, No. 52, 1886, Frommel gives as indications when to perform an operation for removal of fibroids of the uterus in pregnancy: 1. Subserous tumors capable of enormous growth. 2. Situation of the myoma in such a way as to make the birth of the child by delivery impossible. 3. In hemorrhage or threatened softening and decay of the tumor. The author has operated on a case in which the tumor occupied the broad base of the wall of the uterus. Convalescence was disturbed by poisoning with iodoform, but pregnancy was not interrupted.

Sour Milk and Buttermilk in the Nutrition of Invalids and Others.

As the result of an extensive experience in rural practice, Dr. Demuth (*Vereinsblatt d. pfälz Aerzte*, iii, p. 85, May, 1887) extols sour and buttermilk as cheap, effective and easily assimilable nutritive agents. Both are easily digested on account of the finely divided condition of the casein and the presence of acids. For infants the following is especially recommended: one quart of buttermilk boiled with one tablespoonful of wheat flour to the consistency of thin pap.

Buttermilk is useful in all cases where a milk-cure is indicated, and is particularly to be recommended in consumption. Sour milk has shown itself valuable in scrofulosis, neurasthenia, hypochondriasis, in convalescence, in diseases of the organs of respiration and deglutition, chronic catarrh of the air passages, nervous disturbances following excessive or exclusive meat diet, dropsy, albuminuria, and Bright's disease. It is also useful in diabetes mellitus. Both forms of milk are efficacious in chronic metallic poisoning, and inflammatory and febrile condi-

tions, especially in typhoid fever. They are contra-indicated in all ulcerous processes in the alimentary tract,—a fact not always considered in ulcer of the stomach, ulcerating cancer, and tuberculous ulceration of the intestines,—and in dilated stomach.

Recto-Vaginal Fistula.

In the 48th section of the *Deutsche Chirurgie*, Esmarch publishes a very complete study of diseases of the rectum and anus. In this work he advises, in the treatment of congenital recto-vaginal fistula, that the surgeon shall not content himself with opening the perineum, and freshening and closing the edges of the opening into the vagina, but that he shall free the rectum completely from the vagina, and draw it down separately and attach its circumference to the skin. This method, he believes, will give better results than the simple one referred to above.

Rheumatic Nodes.

At the Congress of the German Naturalists and Surgeons, in September, 1887, Krukenberg (*Gazette Médicale de Paris*, November 5, 1887) presented the case of a patient in whom the diagnosis of osteo-sarcoma of the thigh had been made, and who expected to have his thigh amputated. For about six years this man had suffered from muscular rheumatism, and for a month had experienced lancinating pains in the thigh, with diffuse swelling and redness in the anterior part of this region. Touch revealed a focus of induration, which occupied in an irregular way the adductors and extensors of the thigh, and penetrated deeply into the tissues. Trendelenberg diagnosed a rheumatic node. The muscles did not respond to electric stimulation. The patient was put to bed, and recovered under systematic massage and Faradization of the muscles.

With reference to the differential diagnosis between rheumatic nodes and malignant tumors, Krukenberg calls attention to the special modifications of the skin which occur in nodes, the contracture of muscles, the loss of electric excitability of the same, and finally the relatively good state of nutrition.

Mechanical Treatment of Painful Erections.

The nocturnal erections of patients suffering from gonorrhœa are due (1) to the inflammatory irritation to which the penis is exposed; (2) to lying upon the back, and a distended bladder; (3) to the loss of the inhibitory influence of the brain. The pain

which accompanies them is caused by the fact that the inflamed condition of the mucous membrane of the urethra does not permit it to follow the expansion of the corpora cavernosa, but is stretched frequently to such a degree that the small vessels of the mucous membrane are lacerated. M. Anthelme Jamin, resident physician of the Lyon's Hospital, having noticed that patients with gonorrhoea hold the penis down upon the scrotum by flexing one thigh upon the other, and so prevent erections, was led to make a suitable T bandage to accomplish the same purpose. In a communication on the subject to the *Lyon Medical*, he reports successful results in twelve cases in which he has used it, and thinks that other painful erections might be prevented in the same way. — *Deutsche Medicinal-Zeitung*, October 6, 1887.

The Pathology of Diseases of the Nervous System after Malaria.

Dr. Singer, of Prague, reports the following case in the *Prager med. Wochenschr.*, 18 u. 19, 1887: A man, twenty-six years old, was taken sick, in Singapore, with malaria. After he had been treated in vain by quinine for eight days, he recovered after a sojourn of fourteen days in the mountains. On his return to Singapore, the patient had sensations of formication and of prickling between his toes, associated with a weakness of the lower extremities, which gradually increased to paresis. After several days the same symptoms appeared also in the upper extremities, but paralysis was not so strongly developed. Then the tongue and face shared in the paresthesias. In addition, bilateral complete facial palsy developed. There was no fever; no objective disturbances of sensibility; the sphincters were not involved, and change of climate effected recovery. An investigation, undertaken by Singer, showed that there were still slight paresis of the right as well as complete paralysis of the left facial, emaciation and weakness of the left upper extremity, slight weakness of the lower extremity in bending the knee joint, loss of the patellar reflexes, some swelling and sensitiveness of the left submaxillary lymph glands, reactions of degeneration in the paralyzed (left) facial nerve, diminution of the electrical excitability for both currents in the right facial. Everything else was normal.

Under systematic electrical treatment, great improvement took place; but, at the time the report was made, the patient had not entirely recovered.

The author thinks from this case, and from one of Buzzard's, that in convalescence from

a severe attack of malarial infection, the peripheral nerves can become affected with acute polyneuritis, which reminds one very much of the post-diphtheritic paralyses. The polymyelitis of beri beri is excluded in this case. — *Deutsche Medicinal-Zeitung*, October 3, 1887.

Contribution to the Anatomy of the Brains of the Deaf and Dumb.

Dr. Julius Waldschmidt, of Freiburg, in a communication to the *Allg. Zeitschr. f. Psych.*, Bd. 43, Heft 4 and 5, 1887, reports upon a microscopic examination of the brains of two deaf mutes, one of which came from a man forty-six years old, and the other from a girl nineteen years old. These showed a stoppage in the development, in respect to form and size, of the island of Reil of the left side, and especially of the parts placed anteriorly, which seemed absolutely rudimentary when compared with corresponding parts on the right side. Waldschmidt thinks that, with all proper reserve, he can draw the conclusion that in deaf and dumbness a degeneration of the centres for speech and hearing (the operculum, the third left frontal convolution and the temporal lobes) is not absolutely required, but that an interruption of the conduction is quite sufficient to form the basis for deaf muteness. — *Deutsche Medicinal-Zeitung*, October 17, 1887.

Uterine Disease in the Production of Insanity.

Dr. Alice May Farnham, after a careful study of a number of cases, announces her opinion as follows in the *Alienist and Neurologist*, October, 1887:

In the study of the relation of the mind and the female genitalia, as set forth in this paper, the following conclusions may be drawn:

1. That while the female reproductive organs and the brain are closely associated, often acting and reacting upon each other, uterine disease alone is seldom or never the cause of mental alienation. Other conditions, as hereditary predisposition to insanity, poor bodily health, or mental worries, one or all furnishing the necessary adjunct to the development of disorders of the mind.

2. That, in insane women, irritation of the genitalia often gives a peculiar character to the mental condition. And

3. Menstruation, like any periodic lowering of the standard of the general health, frequently acts, in cases of mania, as the excitant of the most marked maniacal outbursts.

Removal of Cerebral Tumor.

At a meeting of the Medical Society of London, October 31, 1887, Dr. Hughlings Jackson, showed a man, aged 21, a patient of his, who had been subjected to severe, and also slight, epileptiform attacks (beginning in the left thumb) since 1884. Although no positive symptoms of cerebral tumor were present, it was decided to cut down and remove the tumor if one were found, and also part of the motor area for the thumb. Mr. Victor Horsley operated more than a year ago, and finding a tumor in the right cerebral hemisphere, removed it and also part of the thumb-area. The result had been to lessen the attacks both in number and severity; for, whereas before the operation the lad had had as many as fifteen attacks in thirteen days, he had only had eleven attacks since the operation, only one of which was severe enough to lead to loss of consciousness.

Death Under Chloroform.

The *British Med. Journal*, November 5, 1887, reports that a death under the influence of chloroform occurred in the Croydon Infirmary, on October 18. The patient was a man, aged 28, who came under treatment on June 22, for pleurisy with effusion. The chest was aspirated on September 15, and about four pints of serum withdrawn; aspiration was repeated on September 20, when three pints of serum were obtained. On October 17, the chest having again filled, aspiration was performed for the third time, and five and a half pints of pus were evacuated. Following the method of treatment which is now thoroughly established as a rule of surgical practice, Dr. Francis W. Clark, the medical officer in charge of the infirmary, after consultation with Dr. Strong and Dr. Matthey, determined to open the chest wall in order to allow of free drainage. On October 18, chloroform was administered, and the operation was performed in the ordinary manner. During the last steps of the operation symptoms of syncope suddenly developed, and all efforts to restore the patient were unavailing. Every precaution was taken in administering the anæsthetic.

Artificial Fecundation.

Professor Paolo Mantegazza communicates the results of his rich experience in a leading article in the *Gasetta degli Ospitali*, of Milan, February 6, 1887. He says that the act of artificial fecundation in itself requires no special skill, but that it is important to

be able to determine with certainty whether there is hope of a successful result or not. There is always great repugnance on the part of both husband and wife to the operation, and therefore it is clear that unless there is good hope of success, it should be abandoned. It must first be determined whether the obstruction to conception rests with the husband or wife; and in this connection it is well to recollect that impotence is only rarely confessed. For example, the author once saw by accident that a man who was otherwise robust, but childless, had an extremely short penis. Here, if ever, was a suitable opportunity for artificial fecundation, because his wife had the appearance of blooming health; but the author was not successful in persuading them to it. In another case, the penis was of the proper length and strength, but the semen, on account of stricture or some other cause, was only expelled in drops, so that it with great difficulty reached the uterus. Also, in men with only half or very slight power, the semen only reaches the anterior part of the vagina, and so sterility results. After the man is questioned with the utmost exactness upon the manner in which coition is completed, the semen must be examined microscopically. In this respect Mantegazza thinks he has discovered a new fact. In one case, having several times endeavored to obtain artificial fecundation in the same woman without success, although the semen had a good appearance and proper reaction, and the spermatozoa were numerous and active, he noticed that the crystals, which he first observed in 1860, but which were first described by Böttcher, did not appear when the semen was allowed to stand. He is disposed to think that such absence constitutes an anomaly which deprives the semen of its fructifying power.

With reference to the causes of sterility in the female, he would divide them for the most part into two classes: mechanical and functional; and while not disposed to think the existence of the former class a contra-indication to artificial fecundation, thinks the latter class, which can be placed under the head of dysmenorrhœa, is. He admits that there are many cases of dysmenorrhœa which depend upon mechanical difficulties, which dilatation of the cervix will cause to disappear. As far as sterility is concerned, the worst cases are those in which removal of the dysmenorrhœa by mechanical measures does not result in fertility. In such cases Mantegazza thinks the fault lies with the ovum. Of what use is it, says he, to

introduce semen into the uterus, if it finds there no ovum capable of fructifying? According to the author, artificial fecundation may be indicated in the following cases: 1. Hypospadias. 2. Very short penis. 3. In cases in which the semen is discharged without the necessary force, or in drops. 4. In all cases in which a decided change in position of the uterus, or a very narrow cervical canal hinders fecundation. 5. An unsuccessful treatment of the cervical canal by dilatation forms no contra-indication to artificial fecundation. 6. In all cases in which dysmenorrhœa persists, and yet the cause of the sterility remains unknown.

After stating that he has found that it is generally the man who objects most to the operation, on account of the rather humiliating rôle which he is required to play, the author says that during the eight days following menstruation is the best time for the operation, which, if unsuccessful then, may be tried the day before menstruation. The method of obtaining the semen, which Mantegazza has found the best and most seemly, is the following: The husband has connection with his wife, but instead of emptying the semen into the vagina, he deposits it in a glass, which stands in water at a temperature of from 98° F. to 103° F., and then calls the physician. The latter then introduces a Fergusson speculum and makes two or three injections with Roubaud's syringe. The patient may then be advised to stay in bed several days, with the pelvis raised, though this does not seem necessary.

The author has never seen untoward results from making three injections, and thinks the fear expressed by other writers unfounded. After coitus, the mouth of the uterus was generally found not completely closed; if the act was entirely natural ("without Malthusian retraction") semen was always found in the posterior vaginal *cul-de-sac*; it is possible then to cause the semen to flow into the mouth of the uterus by means of the speculum, especially if retroflexion exists. In case the wife should positively refuse to let the physician interfere, Mantegazza would then propose that the husband attempt artificial fecundation in this way, though he warns against allowing the husband to use Roubaud's syringe.—*Deutsche Medizinische Zeitung*, October 17, 1887.

Vesico-Vaginal Fistula.

At the Congress of German Naturalists and Physicians, in September, 1887, Dr. Rose, of Zürich, reported that, in a young woman, whom another physician had been unsuc-

cessful in relieving of a vesico-vaginal fistula, he had obtained a successful result by closing up the vulva, and making a recto-vaginal fistula. He remarks, in this connection, that success in the operation demands that the opening between the rectum and vagina should be kept open by daily dilatation, which is best accomplished with the finger.—*Gazette Médicale*, November 5, 1887.

Aneurism of the Aorta Cured by Operation.

Lépine describes, in the *Province Médical*, 1887, No. 22, a case of aneurism of the aorta cured by insertion of a watch-spring. He did not follow the usual plan of introducing the watch-spring through a canula; but had the end sharpened to a lancet point, and passed it directly into the aneurismal sac. Lépine recommends this plan for the treatment of sacculated aneurism of the anterior side of the ascending aorta.—*Centralblatt für Chirurgie*, October 8, 1887.

Innominate Aneurism—Ligation of Common Carotid—Temporary Recovery.

Dr. G. B. Ferguson describes, in *St. Bartholomew's Hospital Report* for 1886, the case of a man, 43 years old, suffering with an aneurism the size of a walnut, near the roots of the right carotid and subclavian arteries, who was apparently cured by ligation of the common carotid artery, and lived in comparative comfort for a year afterward. At the end of this time he died, and it was found *post mortem* that he had an aneurism of the posterior wall of the ascending aorta, as large as a fist, and continuous with the cavity of the aneurism of the innominate artery, which was empty of clots. His conclusions are: 1. That the innominate aneurism was practically cured by the operation. 2. That simultaneous ligation of the subclavian would not have assisted matters. 3. That the aortic disease was incipient from the first, and was uninfluenced by the treatment. 4. That the chromicized catgut ligature, tightly tied, is a satisfactory and trustworthy material in such cases.

Chorea Cured by Typhoid Fever.

Dr. Samuel West records, in *St. Bartholomew's Hospital Report* for 1886, the case of a girl, 10 years old, who was attacked with typhoid fever three weeks after her admission to the hospital for chorea of a moderately severe type. As soon as the typhoid fever developed, the chorea stopped, and it did not return. The fever was well marked, but mild, and lasted three weeks.

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CHARLES W. DULLES, M. D., } EDITORS.

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LEPROSY IN AMERICA.

The recent discovery by the public that for some time past two persons suffering with leprosy have been living, unsuspected, in this city, has attracted a great deal of attention to the subject of leprosy, and excited considerable alarm. Some of the Health Officers of the city, seeming to share the popular fear, made an attempt to secure and isolate the persons of the sufferers. At first this attempt did not succeed, because the physician who had them under his care, and who had kindly exhibited them at a meeting of the County Medical Society, refused to disclose their whereabouts. In doing this we suppose he was influenced by a creditable spirit of professional honor, founded upon the belief that these two unfortunates were not dangerous to the community. If this surmise is correct, we can heartily approve of Dr. Van Harlingen's course, for our confidence in his judgment is as great as our appreciation of his skill as a dermatologist.

After a short delay, however, the two persons alluded to voluntarily gave themselves up to the health authorities, and were taken to the Municipal Hospital for contagious diseases. Here they were treated with an extreme of caution which showed the exaggerated notion there prevailing in regard to the contagiousness of leprosy.

In view of these facts, it is important to discuss the contagiousness of this disease; for if it be very contagious, scarcely any measure could be regarded as too severe which would protect the community from its ravages. As a matter of fact, we do not hesitate to say that there is little evidence to show that leprosy is contagious—in the usual sense of this term—anywhere; and none to show that it is so in this country. From various parts of the world cases have been reported in which the communication of leprosy by contagion seemed to have taken place. But these are very rare cases among the many in which leprosy occurs, and it is quite possible that in considering them an association of events has been erroneously taken as evidence of a causal relation.

In the United States, and British possessions in North America, lepers have been found in small numbers at almost all times; but we think no case of contagion has ever been reported. In Nova Scotia and in Louisiana there are small colonies of lepers, and a certain number have come to our Eastern and Western ports from across the seas; but there is no evidence that either the colonies or the individual lepers have propagated the disease. In England a similar experience has prevailed.

Curiously enough, at this very time there is an excitement in England, as here, in regard to the danger to the community from a few persons suffering with leprosy, whose presence has been revealed to the public.

The matter has attracted the attention of the Royal College of Physicians, which some years ago appointed a committee to prepare an authoritative statement in regard to it. This committee reported that leprosy, though a terrible disease, is not much worse than others which are not held to justify

compulsory segregation of the patient, and that lepers ought to be treated as persons suffering from a severe and occasionally contagious malady, not as monsters accursed by God and man.

We cannot spare space here for a presentation of the reasons which influenced this committee, or which influence us to raise a voice against the clamor of fear which has risen about leprosy. But we feel assured that others who will study the subject carefully will conclude that nothing is to be feared, in England or in North America, from the presence of a few lepers. They are to be treated as other sick folk, with kindness and the best skill available, keeping in view the remote possibility that the disease may spread from them. But, until a single authentic instance of its communication by contagion in this country can be adduced, it is the height of folly to demand their separation from their fellows, to treat them as if they had small-pox or scarlet fever, and to excite the laity to an unreasonable fear and horror of them. Physicians, who entertain other opinions in regard to the contagiousness of leprosy, may effect all that is necessary for the protection of the public without exaggeration of its danger. At present the need seems to be that exaggerations which have been set in motion should be checked, and the confidence of the people in the ordinary methods of medical and sanitary protection should be re-established.

STRYCHNIA AS A HEART STIMULANT.

In *St. Bartholomew's Hospital Reports*, vol. xxii, there is a valuable paper by S. HERBERT HABERSHON, M.B., on the use of strychnia by hypodermic injections in cases of heart failure. In this paper Dr. Habershon discusses the *modus operandi* and effects of various heart tonics, such as digitalis, alcohol, ether, and ammonia, and concludes that none of them are so useful as strychnia in cases in which not only the heart muscle, but also the nerves which promote and control its activity are exhausted. The order of excellence seems to be digitalis for a pro-

longed effect; and ammonia, or ether and alcohol, for a more rapid but less lasting one.

It is somewhat surprising to find the statement that Dr. Habershon has never found ammonia "to act where brandy and ether have not succeeded." This sentence is not easy to analyze, but we incline to the opinion that if ammonia be used by intravenous injection, it will be found capable of arousing the vasomotor and respiratory centers to a temporary activity when nothing else will.

The principal value of Dr. Habershon's paper is in calling attention to the influence on the heart by hypodermic injections of from $\frac{1}{10}$ to $\frac{1}{30}$ of a grain of strychnia. He cites cases of disease of the mitral and aortic valve, and of pneumonia which had advanced to a state of cyanosis, with weak and rapid pulse, and hurried or Cheyne-Stokes respiration, in which the use of strychnia seemed to cause the tide of life to turn back, and recovery ultimately took place.

These cases may be regarded as establishing the opinion which he has formed of the great benefit to be derived from the hypodermic use of this drug in conditions of exhausted heart-muscle, accompanied by exhaustion of the nerves which supply the heart. Dr. Habershon suggests that the most convenient solution of strychnia for hypodermic use consists of one grain in fifty minims of water. We would suggest that it would probably be easier to regulate the dose if the solution were only about half as strong as this, consisting of one grain of strychnia to one hundred and twenty minims (two fluid drachms) of water. Two minims of such a solution would contain $\frac{1}{60}$ of a grain of strychnia, and four minims $\frac{1}{30}$ of a grain.

We recommend the views just stated to our readers, and hope that their adoption may prove satisfactory to them and advantageous to their patients.

VEGETARIANISM.

The *Chicago Tribune*, November 16, 1887, contains an amusing sketch by F. H. Carruth, in which he makes great fun of the habit of eating macaroni, Graham bread, oat meal, etc. The humor of this article is not very

delicate, and its scientific value is *nil*. The fact is, that a diet from which animal flesh is excluded is not only sufficient for all the needs of mankind, but sufficient to develop the most robust bodies and support the most vigorous minds. There are no finer set of men to be found anywhere than the Brahmins of India, who never eat meat in any shape; who are so scrupulous that some of them strain the water which they drink, so as to exclude from it any minute creature which it might contain. In body and in mind they are among the finest specimens of mankind. And in civilized countries, there are many men of clear complexions, sturdy frames and keen intelligence, who never eat meat.

We do not think the moderate use of meats prejudicial to health; but no more do we doubt that the use of meat is responsible for a great deal of the digestive disorders of our fellow-men. One result of imperfect digestion, which afflicts many civilized and refined people, is an offensive breath, which is probably due, in the majority of cases, to decomposing animal tissue contained in the alimentary canal. Let those who reflect on this matter compare in their minds the sweet breath of the herbivorous and granivorous animals with the foul breath so often emanating from the carnivora.

If mankind will imitate the conduct and choose the food of the most savage and most cowardly part of the animal kingdom, let them not deceive themselves into believing that their physical needs compel them to do so. Much less let them make pseudo-scientific jokes about it. They may eat meat and they may get good nourishment out of it; but if they wish to confine themselves to the diet indicated by nature, and to take no life in order to please their palates, they need not fear physical, mental or moral decrepitude.

A DANGER FROM SEWING-MACHINES.

Most medical men are sufficiently impressed with the fact that constant use of the sewing machine exercises an injurious influence upon the sexual organs of women,

having a tendency to inaugurate or increase disorders of menstruation, leucorrhœa, and other inflammatory conditions of the uterus. But Dr. GEORGE T. WELCH reports, in the *Transactions of the Medical Society of New Jersey*, for 1887, the cases of two women, one married and one unmarried, in whom constant use of the sewing-machine produced erythema, and an actual orgasm. In both women this result led to undermining of the general health and spirits.

Such cases, we trust, are rare; and yet it may be well for medical men, and especially for medical women, to know that they may occur, and to be on the look-out to detect and remedy them. If they were very frequent, the sewing-machine ought to be banished from the house and the factory. It might be worth while for some discreet woman physician to investigate this subject, if the investigation could be carried out without offering a suggestion to women-workers which could increase their danger.

THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION.

We regret to notice that the *Journal of the American Medical Association* has not the courage to refuse to publish what are known as "reading notices," or puffs in the reading pages of wares advertised in the proper advertising pages. It certainly would seem reasonable to expect that a magazine supported by a species of forced contributions from the members of the Association would hold to a strict observance of high principles in medical journalism. Six months ago, the *Pittsburgh Medical Review* called attention to this matter, and it is painful to find that the editor-in-chief of the *Journal* of the Association cannot prevent what we feel sure he must deplore.

—Stadelmann, of Heidelberg, regards diabetic coma as a poisoning by acid, and again recommends intravenous injections of a three per cent. solution of carbonate of sodium in a half per cent. solution of chloride of sodium.

BOOK REVIEWS.

[Any book reviewed in these columns may be obtained, upon receipt of price, from the office of the REPORTER.]

SEVENTH ANNUAL REPORT OF THE STATE BOARD OF HEALTH OF NEW YORK. Transmitted to the Legislature, January 19, 1887. 8vo, pp. 639. Albany: The Argus Company, Printers, 1887.

This volume of reports contains much that is interesting and valuable to students of public hygiene, especially in regard to water supplies, ice supplies, food adulteration, drainage and sewerage. One of the most curious chapters of this Report concerns the objections raised by the Water Company of Jamestown to an investigation as to the purity of the water supply of this town by the State Board of Health. The objections show to what lengths of evasion a mercantile interest will go in endeavoring to escape doing its duty; and we are glad to say they are thoroughly overthrown by Dr. Lewis Balch, Secretary and Executive Officer of the Board.

A SHORT MANUAL OF SURGICAL OPERATIONS. By ARTHUR E. T. BARKER, F.R.C.S., Surgeon to University College Hospital, etc. With 61 illustrations. 8vo, pp. 423. London and New York: Longmans, Green & Company, 1887. From J. B. Lippincott Company. Price, \$3.25.

In his preface, the author speaks of this book as "a small work," and altogether indicates a modest opinion of its scope. In this, he does himself credit. But we have no reason to measure our words in appreciating it, and do not hesitate to say that it is a work of great importance and of great value. It is admirably planned and admirably executed. It presents, in clear and attractive style, the best methods for performing almost all the surgical operations now in general use, and some which are still rare. The illustrations, drawn by the author, are beautiful and distinct, and enhance the value of the text very materially. The work of the publisher is also well done, paper, printing and binding being excellent. Most readers, we think, would prefer books, the pages of which have been cut; but those who like to use the paper-knife will have an opportunity here.

In considering the contents of this manual in detail, we find little to criticise, and this little we would comment on with due deference to the author's experience. The treatment of varicose veins of the leg by excision, we think, might be described with greater fulness without disadvantage; the use of Malgaigne's-hooks for fracture of the patella might be mentioned, even if the author—like the reviewer—does not approve of them. We miss a description of the Wladimirow-Mikulicz operation for resection of the tarsus. The chapter on excision of the tongue is so admirable that we wish it had been perfected by a more detailed account of the steps of Kocher's method. In the chapter on operations upon the ovaries, we think the methods of Sir Spencer Wells are followed too closely; and we cannot approve of the use of the spray. In the description of suprapubic lithotomy, we note an array of instruments, some of which are not needed, and one of which, the *sonde-a-dard*, is both useless and obsolete.

These are some of the points to which we would call the attention of the author. To our readers, we

would say that we know no work on purely operative surgery which is better suited to the needs of surgeons, who would be well instructed. The points in it, in regard to which we have commented above, are few compared to those which have excited our hearty approval.

TRANSACTIONS OF THE MEDICAL SOCIETY OF NEW JERSEY, 1887. 8vo, pp. 412. Newark, N. J.: L. J. Hardham, Printers, 1887.

This is a volume which reflects great credit upon the publication committee of the New Jersey State Medical Society, whose work of editing is very well done, and upon the printer who issued the book. The transactions of the Society are interesting, although they comprise only three original medical papers, one of them being a prize-essay on "The Climatology and Diseases of Essex County," which covers 160 pages. The other two are by Dr. B. A. Watson and by Dr. D. Benjamin. All of them are interesting and instructive. The prize-essay is a model of thoroughness.

The reports of District Societies cover 103 pages, and contain a number of excellent brief papers—one of them in rhyme—which deserve the wider reading which the columns of a medical journal would afford.

HYGIENE FOR YOUNG PEOPLE. PATH-FINDER PHYSIOLOGY NO. 2. 5¼ x 7½ inches, pp. 207. New York and Chicago: A. S. Barnes & Company. Price, 60 cents.

This book is very similar to one reviewed in our last issue, and is designed for older children. It has the same merits as that has, and is subject to the same qualifications. As an illustration, we would cite the exaggerated use made of the fact that alcohol combines with water, taken in connection with Dr. B. W. Richardson's estimate of the water which had dried out of a mummy. The use of this story in connection with the statement made about alcohol, we do not regard as fair; and the inferences which a child would draw from it would probably be very erroneous. We may be wrong; but we believe the proper way to inculcate temperance is by showing its advantages and the evils of intemperance; and that more should be made of the importance of self-governance. Children should be taught to rule their conduct, to restrain their appetites, to choose what is good for its own sake; and that to yield to wrong is not only sinful, but unmanly and unwomanly. We believe that it would be both right and useful to cultivate the idea that the man or woman who is intemperate in anything: passionate, extravagant, a drunkard, or lustful, is *quoad hoc* to be despised, while true temperance and the pursuit of good are the noblest achievements of which man is capable.

A HAND-BOOK ON DISEASES OF THE SKIN. By ROBERT LIVEING, A.M., M.D., Physician to the Department for Diseases of the Skin at the Middlesex Hospital, etc. Fifth edition, revised and enlarged. Small 8vo, pp. viii, 451. London and New York: Longmans, Green & Company, 1887. Price, \$1.50.

The fifth edition of Dr. Liveing's manual on skin-diseases contains an admirable presentation of the subject, as may be imagined from the fact that it is the fifth edition. It is written in a clear and succinct style, and its teaching in regard both to the pathology and treatment of the skin-diseases is trustworthy. The discussion of the pathology of skin-diseases is fuller and better than that of this treatment—a part of the book which was not embraced in the first edition,

and which does not seem to have caught up to the development of its older brother.

We find that the author is opposed to the use of ointments in acute eczema; and dwells upon the importance of rest, general and local. In the main, these injunctions agree with the experience of other dermatologists; but we do not think they are to be taken as exclusively as the author's language seems to indicate. We have looked in vain for any reference to dermatitis herpetiformis, as recently described by Duhring. In regard to leprosy, to which so much attention has been attracted of late in England and the United States, we find the author believes it to be contagious; although he admits that there are no well authenticated cases on record of its communication by contagion in temperate climates.

LITERARY NOTES AND QUERIES.

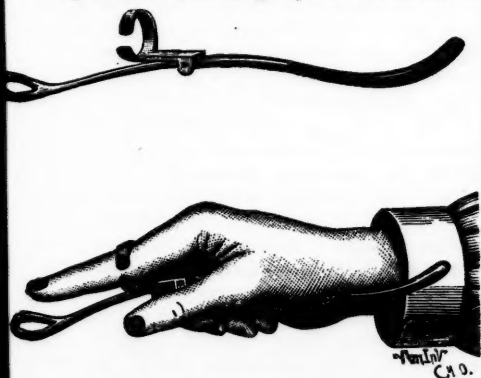
[In this column the REPORTER will publish short items of literary interest and questions addressed to this Journal or its readers, and answers to them, in regard to any literary matters: books, authors, places and prices of publications, etc.]

—G. P. Putnam Sons announce that, after January 1, the *Medical Analectic* is to be issued in weekly numbers. This journal is made up entirely of selections and abstracts from American and foreign journals, and is conducted with marked ability.

NEW INSTRUMENTS.

WILCOX'S DIGITAL FORCEPS. SOLD BY S. R. WILCOX, BENNINGTON, VT. Price, \$2.50.

The accompanying cut illustrates very clearly the appearance and manner of using an instrument which has been sent us by the inventor for notice. The design consists in attaching a species of blunt curette



to the index, in such a way that the instrument can be used as a curette, or in combination with the finger as a fenestrated forceps. The advantage, in many cases, of such a combined digital and instrumental manipulation must be obvious. The instrument was originally intended for use in cases of adherent placenta; but there are several other conditions of the uterus in which it might afford valuable assistance.

CORRESPONDENCE.

Asthma Cured by Relief of Constipation.

EDS. MED. AND SURG. REPORTER:

Sirs:—I have recently had a patient of German parentage, 63 years old, weighing 230 pounds, with a dark complexion, and a temperament in which the lymphatic and bilious tendencies decidedly predominate over the sanguine and nervous. Has been troubled with obstinate constipation as long as she can remember, notwithstanding the fact that she indulges freely in the use of beer. The interval between evacuations varied from six to ten days, and a motion of the bowels was secured only by the use of powerful cathartics. For years the woman had suffered extremely with asthma, from which she secured only temporary relief by the use of inhalants, antispasmodics and nervines.

On February 9, 1887, she was taken ill with a high fever and diarrhoea, and soon had a fully developed enteritis. She recovered from this under appropriate treatment; but, being anxious to be about, she got up too early, and relapsed into a condition of general peritonitis, which, under appropriate treatment, subsided and convalescence was established. To allay the irritability subsequent upon inflammation of the intestinal mucous membrane, and also for its cathartic effect, an emulsion of castor oil was administered in large doses three times daily. Two days after commencing to use the emulsion, the woman experienced pains, which she described as similar to those of the first stage of labor. The result was the expulsion of an enormous mass of excrementitious matter, hard and firm in texture, with a groove along its surface, furnishing imprinted evidence that it had been expelled from the transverse colon.

After the evacuation of the mass, there was a complete and instantaneous cessation of the asthma, which, up to that date, had resisted all medical treatment. It is therefore clear that the asthma was due to the chronic and extensive faecal accumulation. The patient has had no recurrence of asthma up to the present time.

Yours truly,

P. C. JENSEN, M.D.

Chicago, Ill., November 23, 1887.

—Mr. Lawson Tait has been appointed Professor of Gynecology in Queen's College, Birmingham. Dr. John Clay will continue to lecture on midwifery.

NOTES AND COMMENTS.

Blue Pus.

The cause of the blue coloration of pus, which is sometimes noticed, has been a matter of speculation for some time. In a communication to the 60th Congress of German Naturalists and Physicians, in September, 1887, M. Ledderhose states (*Gazette Médicale de Paris*, November 5, 1887) that his primary object in investigating the subject was to determine the chemical constitution of the coloring matter of blue pus. The empirical formula $C_{14}H_{14}N_{20}$, which he has found, corresponds to that of a body of the aromatic series.

This coloring matter, *pyocyanine*, when injected under the skin in the form of the hydrochlorate, and in pretty large doses, does not give rise to toxic symptoms in frogs and pigeons. Cultures of the bacillus which secretes it only contain some metallic plates in the most superficial layers. The bacillus seems to find the elements necessary to the formation of the coloring matter not in the pus, but in the neighborhood of the skin, possibly in the ammoniacal sweat. Pflügge and Fraenkel do not think that the bacillus in question is the cause of the blue pus; but M. Ledderhose maintains that it is, and details some experiments tending to prove it.

The Spread of Leprosy.

With reference to the case of leprosy resulting from vaccination, which was communicated to the *British Med. Journal*, June 11, 1887, and contained in the COMPENDIUM OF MED. SCIENCE, July, 1887, J. D. Hillis, late superintendent of the British Guiana Leper Asylums, writes to the *British Med. Journal*, Nov. 5, 1887, that in the West Indies there is a widespread belief in the propagation of leprosy by vaccination, and that both white and colored classes are particular to have their children vaccinated only with lymph imported from England. In his work on leprosy, Mr. Hillis has recorded a case of confirmed tuberculated leprosy supposed to have been contracted by vaccination, although he has no doubt himself that it actually was so contracted. He says in his book: "I have already given some cases in which there could be no reasonable doubt but that the disease was produced by vaccination with tainted lymph, and we have testimony in favor of this mode of propagation from such men as Tilbury Fox and Erasmus Wilson."

Mr. Hillis says he has taken great interest in the subject of the spread of leprosy. Since

the report of the Royal College of Surgeons in 1867, more light has been thrown on the pathology of the disease, and a mass of valuable information collected. It is also known that many medical men differ from the college in the opinion then expressed with regard to the contagiousness of leprosy. From all parts of the world intelligence comes of the increase of leprosy. Is the cause of this satisfactorily accounted for on any other hypothesis than that of contact of the unhealthy with the healthy? Mr. Hillis says he has had more than twenty years' experience of the disease, one-half of the time as superintendent of the largest leper asylum in the West Indies, and his opinion is that leprosy, in some manner yet unknown, is thus communicated, and that whenever lepers are allowed to congregate, and no attempt made at isolation, other cases will in due course assuredly arise, irrespective of hereditary tendency, peculiarity of diet, locality, etc.

He then cites the following cases: A shopkeeper at Demerara, whose business as contractor for provisions took him frequently to the asylum, became leprosy. For at least ten years his wife remained free from any sign of leprosy. The case was well-known, and Mr. Hillis had been frequently called on to explain with reference to this very person, how, if leprosy was in any way contagious, this man's wife escaped so long. In May, 1886, this woman came to him with well-marked symptoms of leprosy, and was under treatment when he left the West Indies.

The Opium Habit in San Francisco.

Dr. Winslow Anderson, of San Francisco, in a letter to the *Medical Record*, November 5, 1887, says that opium smoking and morphine eating are alarmingly prevalent in that city. Women, as well as men, are the slaves of the habit. A large proportion of the *demi-monde* of San Francisco and the poorer slaves of this drug smoke the "Chinese pipe." It is really surprising how many *habitués* visit the Chinese "dens" and opium "joints" daily. Dr. Anderson has witnessed the sickening sight of young white girls from sixteen to twenty years of age lying half-dressed on the floor or couches, smoking with their "lovers." Men and women, Chinese and white people, mix indiscriminately in Chinatown smoking houses. Another class of people purchase their "lay outs," or smoking paraphernalia, and entertain this fiend in their own quarters. Smokers "hit the pipe" once, twice, or three times daily. Morphine eating and morphine injections are perhaps even more frequently

resorted to. Some are equipped with hypodermic syringes and solutions of morphine made by themselves, as the standard Magendie's solution is not strong enough. Injections are used regularly every day, with occasional debauches. Enormous quantities of morphine are consumed in this way and by eating it—ten to twenty grains daily for each individual. It has been estimated that there are about ten thousand *white* opium smokers in San Francisco alone. It is next to an impossibility to determine the number of morphine eaters and morphine injectors, as these people belong to the wealthiest families and are screened from observation. Dr. Anderson says that in one patient, a young lady who for several months suffered with pleuritic effusion of the right side, morphine powders had been prescribed by her physicians to be used *pro re nata*. The habit grew upon her, and for seven years she had used one and two one-eighth ounce bottles of the sulphate of morphine a week—ten to twenty grains daily. This patient was finally cured by gaining her confidence, and by the judicious use of diminishing doses of morphia, combined with good sanitary surroundings and a stimulant and tonic course of treatment.

Ménière advises the use of the following for pruritus of the vulva:

- R. Zinc. oxid. 1½ drachms
 Potas. bromid. 2½ drachms
 Ext. cannabis indic. 30 grains
 Glycerite of starch. 7½ drachms
 M. Sig.—To be preceded by cold bathing.

Dr. Huchard recommends the following formula for the treatment of flatulent dyspepsia:

- R. Salicylate of bismuth. 2 parts
 Calcined magnesia. 2 parts
 Powdered willow charcoal. 3 parts
 Oil of anise. 1 part
 M. Sig.—Of this powder a small teaspoonful may be taken an hour or half hour before a meal.

Chloride of Ammonium in the Treatment of Diseases of the Liver.

Surgeon General W. Stewart, in a communication on this subject to the *Lancet*, October 22, 1887, refers to a former communication of his in which he showed that, in hepatic congestion, a local depletion of the portal capillaries is effected by each succeeding dose of chloride of ammonium, and that this depletion, unlike that obtained by other measures, was not attended with depression. After stating that, with the exception of Pro-

fessor Aitken, the other men in England who had used the treatment, had not given the necessary attention to diet and management, without which successful results could not be obtained, he proceeds to detail the characteristic symptoms produced by the drug in hyperæmia of the liver. These symptoms occur shortly after the medicine is taken, in from five minutes to half an hour. Sometimes a shock is felt, as if "something gave way" in the side; at other times a succession of shocks is experienced in the hepatic region, accompanied or not by a prickling sensation ("pins and needles"), or as if cold water were trickling down the side; or the action is described as that of "pulling" from one hypochondrium to the other, or from the margin of the right costal arch upwards and backwards, as if through the liver; or a "clawing," "working," or "gnawing sensation" is spoken of as felt by the patient. With the local actions excited in the liver and related parts, motor impulses are similarly communicated to the muscles of the intestinal canal, thus increasing peristalsis.

In addition to the administration of the drug, the patient should be put to bed, and should have a urinal or bed-pan constantly at hand. No solid food should be given; and wine, beer, or other alcoholic stimulants must be strictly prohibited. Small quantities of milk and beef tea are recommended, and the free use of barley water, as a drink. If diarrhoea exist, a pill of two grains of mercury, and three grains of Dover's powder, repeated every two hours until four or five are taken, will be found the most effectual means of checking it without the risk of setting up gastro-intestinal irritation. Looseness of the bowels does not, however, contraindicate the chloride of ammonium. The only thing which contra-indicates the immediate use of the drug in acute cases is the existence of a combined hot and dry state of the skin, with pyrexia. Under such circumstances, its use should be preceded by a few small and frequently repeated doses of solution of acetate of ammonium, till the skin is rendered moist. Fomentations or hot bran-bags applied to the seat of the pain in the side will be of use in aiding determination to the skin generally.

The author gives the drug in doses of twenty grains three times daily.

—There is a mind cure medical college in Rutland, Vt., which issues diplomas. Its graduates can use the letters M. D. after their names, and say that they mean Mind Doctor.

Evil Effects Produced by the Corset.

In a paper in the *N. Y. Medical Journal*, which is unique in the scientific way in which the subject has been presented, as well as in the character of the illustrations, Dr. R. L. Dickinson, of Brooklyn, lecturer on obstetrics in the Long Island College Hospital, discusses the old question of the corset, and the ill-effects produced by it, with reference to pressure and displacement. His method of study is the following: An inelastic bag is connected with a manometer in such away that when the bag is held on a level with the fluid in the tubes of the manometer the, latter registers zero. The bag (kept at the zero level) is introduced beneath the corset, which is then closed, and the readings are made. Two inches of mercury displaced, *i. e.*, an inch on each side, will signify a pound of pressure to the four square inches of bag surface. To obtain the number of pounds pressure on one square inch of surface, the reading is divided by eight. Without presenting the results of his studies in detail, the following are his conclusions, briefly stated:

"1. The maximum pressure at any one point was 1.625 pound to the square inch. This was during inspiration. The maximum in quiet breathing was over the sixth and seventh cartilages, and was 0.625 pound.

"2. The estimated total pressure of the corset varies between thirty and eighty pounds—in a loose corset about thirty-five pounds; in a tight corset sixty-five pounds.

"3. Within half a minute after hooking the corset such an adjustment occurs that a distinct fall in pressure results.

"4. The circumference of the waist is no criterion of tightness. The difference between the waist measure with and without corsets gives no direct clew either to the number of pounds pressure or to the diminution in vital capacity. Relaxation and habit seem to affect these factors largely.

"5. The capacity for expansion of the chest was found to be restricted one-fifth when the corset was on.

"6. The thoracic character of the breathing in women is largely due to corset-wearing.

"7. The thoracic cavity is less affected by the corset than the abdominal.

"8. The abdominal wall is thinned and weakened by the pressure of stays.

"9. The liver suffers more direct pressure and is more frequently displaced than any other organ.

"10. The pelvic floor is bulged downward by tight lacing one-third of an inch (0.9 cm.)."

A Plea for Calomel in Diseases of Children.

Dr. George B. Fowler, Professor of Clinical Medicine in the New York Postgraduate School of Medicine, in an article on the value of calomel in certain diseases of children (*Medical Record*, November 19, 1887), sums up his opinion as to its value in the following words: "I claim for calomel that it is the best and most agreeable cathartic for children; that it is a markedly antiseptic and tonic medicine; that it is an effective diuretic; that it promotes dissolution of fibrinous formations, whether they be interstitial, or whether they be membranous deposits upon mucous membranes."

Is Leprosy Contagious?

In a letter to the *Medical News*, November 26, 1887, S. P. Armstrong, M.D., P. A. Surgeon U. S. Marine Hospital service, says: I would offer an amendment of Terence's familiar line—*Medicus sum: medicini nihil a me alienum puto*—as my apology for trespassing on your columns in this case of Dr. Van Harlingen (whom I have not the pleasure of knowing), some cases of leprosy he was treating, and the Board of Health of your city, Philadelphia.

I learn from the reports in the daily newspapers of this city, that the health officer of Philadelphia had insisted upon the removal and isolation of some cases of leprosy which were under the care of Dr. Van Harlingen. It would seem, from the action taken, that leprosy is regarded by the health authorities of Philadelphia as somewhat more contagious than small-pox, or the other exanthemata, and consequently I would offer the following in testimony against such an idea.

In 1880 a case of leprosy was admitted into the U. S. Marine Hospital wards at Hotel-Dieu, New Orleans. Subsequently the case was transferred to the U. S. Marine Hospital at Mobile. He was exposed to other patients, subjected to no rigorous quarantine or isolation, and no case developed among other patients.

I have often seen, during the years I was on duty in New Orleans, cases of leprosy in the Charity Hospital of that city. On referring to the reports of that institution it may be found that, in 1885, there were of the different varieties of leprosy, six white and one colored patient treated. In 1884, two white persons were treated. In 1883, two white and one colored patient. In 1882, four white patients. In 1881, four white and one colored patient. The cases are treated in the hospital wards.

While on duty in Key West, Florida, in 1883, I treated a case of tubercular leprosy in a mulatto child, no isolation being considered.

In the report of the Louisiana Board of Health for 1880, Dr. Joseph Jones has a paper on leprosy in Louisiana, and, though president of the Board of Health, does not insist upon the exclusion authorized by Biblical law.

At any rate, it does not seem that the public alarm, and consequent unjust criticism of a professional man, are warranted by the lack of evidence regarding the existence in the United States of the environment, race dyscrasia, and other genetic factors which have served to make this disease the scourge of certain localities.

Hemorrhage from Traumatic Rupture of Varicose Veins of the Vulva.

In the *Progrès Médical*, November 12, 1887, T. Legry reports the case of a woman, six months' pregnant, who fell upon the partition bar in a traveling coach, striking upon the vulva and rupturing some slightly varicose veins just within the vagina on its posterior wall. Hemorrhage was exceedingly profuse, so that the patient was nearly in collapse. An examination was made, but no placenta, nor presenting part of the foetus, nor any other source for the hemorrhage could be detected. The hemorrhage was controlled by tamponading the vagina. On the day following the accident, the source of the hemorrhage was discovered; and, two weeks after the accident, a dead foetus was expelled entire.

A "Regular" Charlatan.

The *St. Louis Med. and Surg. Journal* is very indignant for the following reason: Some months ago a merchant of that city consulted a physician concerning a gastric and intestinal trouble, which was manifestly the result of over-indulgence in food and drink. The doctor so told his patient in plain words and advised abstention and a simpler diet, charging for the consultation (which lasted nearly an hour in the busiest part of the day) five dollars. The patient objected, but paid it. A few weeks later the doctor, while in Philadelphia, met at his hotel the same merchant, then on his homeward way, and incidentally learned that the latter had while "East" consulted a celebrated New York doctor, who "had diagnosed his case perfectly, and had prescribed medicines to cure it." The merchant was in a patron-

izing mood and graciously informed the St. Louis doctor that he would let the latter see Dr. —'s prescriptions and letter of directions, as it might be of some service to him in future emergencies. The first impression was to refuse, but curiosity got the better of the wounded professional pride, and the doctor consented to accompany the merchant to his room and take a lesson in medicine. Once there the merchant opened a package about fourteen inches long and ten inches square, bound with a shawl strap, and took out two pint bottles of "tonics," an immense box containing five hundred capsules, two homoeopathic vials containing pellets, a spraying apparatus and a number of miscellaneous boxes of pills, powders, etc. The "letter of instructions" contained minute directions for taking these remedies, and but little else.

"Where are the prescriptions?" asked the doctor; and in reply was told that the druggist had kept them "so that he can refill the bottles when they are empty."

"And you expect to take all this stuff and send back for more! And may I ask," said the St. Louis doctor, "what all this precious stuff cost you?"

"Well, Doctor — charged me twenty dollars. The druggist's bill was \$8.60."

Without prolonging the interview the doctor bade his quondam patient good day and retired to ruminate over the strange and unaccountable love for humbuggery and deceit which possesses the majority of human beings. Not *populus*, but *homo*, the genus man, *vult decipi*. Decipiat!

Dr. Rabow, in *Therap. Monatshefte*, No. 8, 1887, recommends the following formulæ for the use of terpine and terpinol in diseases of the respiratory and genito-urinary organs:

B Terpin. hydrat. gr. cl
Alcoholis. fʒivss
Aq. destill. fʒiij
M. S.—Teaspoonful dose.

B Terpinol.
Sodii benzoat. aa gr. xv
Sacch. alb. q. s. ut fiant pil. no. x.
Sig.—One pill every three or four hours.

—Milan, Italy, is suffering from an epidemic of small-pox, which has for the most part attacked the non-vaccinated, but to a smaller extent also those who were imperfectly vaccinated. To the former class belong the infant victims; to the latter the aged. The vaccination committee are urging that vaccination be made compulsory.

News Items.

—The Hall of Anatomy of the University of Virginia was opened on October 25, with an address by Dr. Paul B. Barringer, of Davidson College, N. C.

—Small-pox has broken out in the Pantin and Aubervilliers districts, Paris. The hospitals are full of patients. The disease originated among German residents.

—Dr. C. T. Parkes, formerly Professor of Anatomy in the Rush Medical College, Chicago, has succeeded to the chair of surgery made vacant by the death of Dr. Moses Gunn.

—Dr. William Pierson, the senior physician at St. Michael's Hospital, Newark, has been elected by the Board of Trustees to succeed Dr. O'Gorman as medical director of the hospital.

—The Governor of Pennsylvania has appointed Dr. George McLeod, a homœopathic physician of Philadelphia, a member of the Board of Public Charities, in place of Dr. J. K. Lee, deceased.

—Diphtheria is prevailing to a considerable extent near Westchester, N. Y. Several deaths have occurred within the last two weeks. The Board of Health has decided to close the public schools until the epidemic is over.

—The New York Cancer Hospital was opened on December 6. The building is the gift of Mrs. John Jacob Astor, who gave \$200,000 for its construction, and her husband and other wealthy persons have added to the endowment.

—The fatal cases of diphtheria about Green Creek, Cape May county, are now thought to have been caused by stagnant water collected about the mouth of Foster's Creek. Means are being taken to drain the meadows, money having been raised by private subscription to meet the expense.

—The Mount Auburn Children's Hospital, in Cincinnati, the gift of the Emory brothers, was dedicated Nov. 23. The buildings will accommodate fifty beds. "While the management is entrusted to the Protestant Episcopal Church, the patients are to be children under 15 years of age, without regard to color, creed or nativity."

—The Board of Health of Philadelphia, on November 15th, adopted a report relative to the proposed removal of the Municipal Hospital to the Lazaretto, on the river Delaware, below the city. The report opposes

the change for these reasons: The legal objection to the location of a hospital for contagious and infectious diseases in an adjoining county; the complete failure of the experiment in 1863 and 1864; and because of the fact that it is a bad practice to remove the sick a long distance; the unsuitableness of the Lazaretto for a hospital of this character, and the impropriety of locating a pest house at a quarantine station.

—Poisonous perambulators, says the *British Medical Journal*, are probably one of the least suspected of dangers, yet, nevertheless, one which experience has shown to exist, and, therefore, one against which the parents of a family would do well to be on their guard. A case is recorded this week of a child, aged four months, who, on its return after being out under a hot sun, was seized with sickness and vomiting, the vomited matter being a green-colored fluid. From inquiries made by the medical man it was elicited that the child had been seen to suck a green strap of the perambulator, and the true cause of the mischief was at once suspected, namely, arsenic poisoning. An analytical examination of the strap confirmed this view, arsenic being found to be present in great abundance. In spite of all that medical aid could effect, the child gradually sank from exhaustion.

—About two months ago, a young man named Palmer shot himself in the head, the bullet entering just over the left eye, and lodging in the brain. From the time of the shooting to the time of his death he did not regain full consciousness. The case is remarkable as to the length of time the patient survived. At the time an operation to remove the ball was deemed impracticable. A probe was introduced into the wound and found its way some distance into his head, and it was decided to wait for further symptoms of brain trouble, which would indicate the advisability of the operation. Secondary brain symptoms developed, but the patient was at no time in a condition to warrant the use of the knife.

Every attention which medical skill could give was shown the patient, who survived eighty-five days, and died Nov. 22, 1887.—*Times*, November 24, 1887.

—There is nothing like a little healthy criticism at the opportune moment, especially in matters directly pertaining to the public interests, in proof of which reference may be had to the recent strictures of the Philadelphia doctors upon our defective quarantine system, which, notwithstanding the feeling created among the officials here, are

beginning to bring forth good fruit. It has stirred up not only Mr. Health Officer Smith and President Baylis, of the Board of Health, but the Mayor himself, to see what could be done to accomplish the very reforms which the Philadelphia doctors' committee recommended, but which at the time were not taken in as friendly a part as they ought to have been. Mr. Hewitt, in addressing the Health Board on the subject, asks the President to communicate with the Academy of Medicine, in order to secure their cooperation in all matters pertaining to contagious and infectious diseases; also to request them to make an early examination of the quarantine establishment, and to point out its defects and requirements, in order to bring it up to the highest ideal standard of modern scientific and medical knowledge.—*Correspondence in Public Ledger*, November 16, 1887.

—An unfortunate incident has occurred at the General Hospital, Vienna, which has ended in the dismissal, by ministerial decree, of Dr. Lustgarten from the post of assistant to the Professor of Dermatology, Dr. M. Kaposi. Dr. Lustgarten is a young man who is already favorably known for his scientific work; his name must be familiar to many in connection with the discovery of the syphilococcus, the supposed parasitic agent in the transmission of syphilis. The occurrence has, as may be supposed, caused much excitement in professional circles in Vienna. The following appear to be the facts of the case: Professor C. Böhm, who was not long ago appointed Director of the General Hospital, in the place of Dr. Hoffman, has shown a good deal of the activity popularly associated with "new brooms," with the result that there has been considerable tension in his relations with the resident medical staff. Dr. Lustgarten, wishing to have a patient transferred from the skin department to the surgical wards, sent one of the hospital servants to the director with one of the tickets required in such cases, for his signature. The director, however, sent the servant back to Dr. Lustgarten with the ticket, on the ground that it had not been properly filled up. The man, who, like nearly all of those in the service of the hospital, bore a grudge against the director on the score of his alleged undue severity, delivered the message in a way that Dr. Lustgarten considered grossly insulting. On the spur of the moment he wrote an injudicious letter, which he sent to Dr. Böhm by the same man. The director thereupon forwarded the letter, without any comment or explanation, to the Minister of Education,

who immediately dismissed Dr. Lustgarten. Without wishing to pronounce a critical judgment on this unfortunate incident, we may be allowed to express the hope that this regrettable occurrence will not prove a serious hindrance to a career so full of promise.—*Brit. Med. Journal*, October 26, 1887.

Items.

—The N. Y. *Tribune*, Nov. 24, states that a woman named Mrs. A. B. Kidder has become demented, it is claimed, through the mummery of Mrs. Anna Johnson, a faith-cure or "Christian Science" doctor. Soon after Mrs. Johnson's arrival in Chicago, about two months ago, Mrs. Kidder, not being in good health, called on the woman, and, becoming infatuated with the treatment, dismissed the family physician and kept on with Mrs. Johnson. The husband is very indignant, and says he will appeal to the State Board of Health and see if such quacks and frauds cannot be prevented from doing the mischief they are doing.

—The *British Medical Journal* describes a new method of testing for morphine, capable of detecting the presence of so small a quantity as $\frac{1}{100}$ grain. A few drops of strong sulphuric acid are added to the solution, together with about the same amount of a solution of sodium sulphate (strength not stated). The mixture is heated in a porcelain capsule, and, as soon as it begins to give off sulphuric vapor, it is suddenly cooled, when, if morphine is present, it will assume an intense violet color. If it is further heated, it turns brown, and, after it is cooled, the addition of a few drops of water produces a vivid red color, which changes to a pale green on the addition of more water. If, now, an equal bulk of chloroform is added, and the mixture well shaken, the chloroform becomes of a bright blue color.—*Phar. Record*.

—In the Pitti Palace, at Florence, is a table, says the *Medical Press*, which for originality in the matter of construction and ghastliness in conception, is probably without a rival. It was made by Giuseppe Sagatti, who passed several years of his life in its manufacture. To the casual observer it gives the impression of a curious mosaic of marbles of different shades and colors, for it looks like polished stone. In reality it is composed of human muscles and viscera. No less than a hundred bodies were made use of for the material. The table is round, and about a yard in diameter, with a pedestal and four claw feet, the whole being formed

of petrified human remains. The ornaments of the pedestal are made from the intestines, the claws with hearts, livers, and lungs, the natural color of which is preserved. The table-top is constructed of muscles artistically arranged, and it is bordered with upwards of a hundred eyes, the effect of which is said to be highly artistic, since they retain all their lustre and seem to follow the observer. Sagatti died about fifty years ago. He obtained his bodies from the hospitals, and indurated them by impregnation with mineral salts. To add to the horror which such a piece of furniture is calculated to inspire in the minds of most people, the fate of Count Rittaboca, its last owner, may be related. One Christmas Eve he and his friends were playing cards on this table, when suddenly he jumped up, pale and agitated, overcome by the fixed gaze of these petrified eyes. Yielding to a sudden attack of violent mania, he stabbed himself and fell upon the table. His heirs, as may be imagined, were very pleased to sell this funeral object to the Government, who installed it in its present situation.—*Boston M. and S. Journal*.

Humor.

—*The Story of a Prescription*.—A druggist tells this story at his own expense. Said he: "A man came in with a prescription, and I noticed that the paper did not bear the name of any physician. I called the customer's attention to it, and he replied that he knew 'all about who wrote this prescription. Never mind,' said he, 'who wrote it. The doctor signed his name and I cut it off.' 'What did you cut it off for?' I asked eagerly. 'So that I wouldn't have to pay you his commission,' was the innocent response. I then tacked on fifteen cents extra for luck, but gave him a glass of soda with a wink in it, and he walked out with an air of a man immensely tickled at the success of his scheme."—*Boston Gazette*.

OBITUARY.

DR. THEODORE R. VARICK.

Dr. Theodore R. Varick died Nov. 23 at his home in Jersey City. On Nov. 17, the doctor fell down stairs and broke his right ankle. He got up for the first time since the accident, Nov. 23, and stepped upon his injured foot. The shock brought on paralysis of the heart and he died in about ten minutes.

Dr. Varick was one of the most prominent surgeons in Jersey City. Appointed Brigade Surgeon-General by Governor Randolph in

1869, he resigned last year. He was President of the Board of Health of Hudson County, a Director of the Board of Managers of the Morris Plains Insane Asylum, Chief of the Surgeon's Staff of the Jersey City Charity Hospital and Medical Director in St. Francis's Hospital.

[DR. HENRY D. HARVEY.]

Dr. Henry D. Harvey, a promising young physician of Philadelphia, died in his 31st year, Nov. 28, 1887. He was graduated at the University of Pennsylvania in 1878, and subsequently was House Physician at the Episcopal Hospital.

DR. C. LYNDE.

Dr. C. Lynde, aged 70, died on November 25, at Oskosh, Wisconsin, after a brief illness. He was a prominent member of the State Medical Society, and had resided in Oskosh nearly half a century. He had a wide acquaintance throughout the State.

DR. THOMAS L. JANEWAY.

Dr. Thomas L. Janeway died at Eureka Springs, Ark., on Sunday, November 27. He left his home in New Brunswick, N. J., with his brother and sister, on the way to California for the benefit of his health. He was born in 1844 and was graduated at Rutgers College in 1866. He went to Germany and there studied medicine, being at one time a surgeon in the German army, and did not return to New Brunswick until 1877.

Official List of Changes in the Stations and Duties of Officers serving in the Medical Department, U. S. Army, from Nov. 27, 1887, to Dec. 3, 1887:

So much of S. O. 235, A. G. O., October 8, 1887, as relieves Lieutenant-Colonel Charles T. Alexander, Surgeon, from duty at St. Louis, Mo., and directs him to report for duty at Fort Meade, Dak., is amended so as to take effect Jan. 1, 1888. S. O., 274, A. G. O., Nov. 25, 1887.

Capt. H. P. Birmingham, Assistant Surgeon. The leave of absence granted by orders No. 52, Fort Myer, Va., Nov. 24, is extended 23 days. S. O. 255, Div. Atlantic, Nov. 28, 1887.

There have been no Changes in the Medical Corps of the U. S. Navy, during the week ending Dec. 3, 1887.

Official List of Changes of Stations and Duties of Medical Officers of the U. S. Marine Hospital Service, for three weeks ended Dec. 5, 1887:

Walter Wyman, Surgeon, granted leave of absence for 30 days, Nov. 29, 1887.

L. L. Williams, Assistant Surgeon, granted leave of absence for 21 days, Nov. 18, 1887.

J. J. Kinyoun, Assistant Surgeon, leave of absence extended 7 days, Nov. 29, 1887.

R. M. Woodward, Assistant Surgeon, granted leave of absence for 17 days, Dec. 5, 1887.